Vol. XXVII. FEBRUARY, 1932 No. 2

Neuro-Surgical Nursing

By KATHERINE S. JAMER, Royal Victoria Hospital, Montreal

It is impossible in the short time at our disposal to give more than a few outstanding points in the nursing care of neuro-surgical patients. Certain it is that the nurse attempting to care for such patients should have at least a general idea of the nervous system and of what is indicated by certain symptoms and conditions.

Major neuro-surgical operations may be divided into four groups:

1. Fractures } which from a nursing point of view are much the same.
2. Bone flaps }
3. Cerebellar cases.
4. Laminectomies.

Whether the operation is necessary because of tumors, abscesses, cysts or injury, the nursing care is the same in each group.

Outstanding points in the care of each follow:

Post-Operative Bone Flap or Skull Fracture

The greatest danger is from bleeding and clot formation. We are all familiar with the usual symptoms of bleeding, including rapid, weak pulse, quickened or sighing respirations, but these do not pertain here because the loss of blood is very slight. Pulse and respirations are both slow and depressed. The source of danger is the clot. This may be indicated by pressure symptoms or by local symptoms. Pressure symptoms include:

1. Restlessness;
2. Drowsiness—leading to coma;
3. Headache;
4. And most important—falling off of responses.

(A paper read at the Association of Registered Nurses of the Province of Quebec meeting, held in the Montreal General Hospital, December 1st, 1931.)

Local symptoms include:

1. Hand grip: The nurse should always test the patient's hand grip (as well as observe him generally) on return from the operating room, so that she may report any changes in later hours.
2. Convulsions.
3. Headache.
4. Speech disturbances.

Any of these symptoms should be reported immediately.

Cerebellar Cases

Because cerebellar operations naturally mean pressure upon and disturbance of the medulla, the pulse and respirations are slowed and depressed, sometimes to an alarming degree. This explains the q. 15-minute pulse and respiration chart. This depression is present in all intracranial conditions, but more particularly in cerebellar cases.

Also, because of interference with the heat regulation centre, the patient may develop a "central heat" or "central temperature," at times rising as high as 106° and 107°. Temperatures, when contra-indicated by mouth, are always taken rectally. Clothing and bed coverings are adjusted to suit the temperature. With hyperpyrexia no covering other than a sheet is used on the patient.

Cerebellar cases often have no swallowing reflex left, and nasal feeding must be carried on as long as necessary. The patient is kept face down while this condition lasts so that mucus and saliva will run out of the mouth instead of down the trachea. Should paralysis affect only one side of the throat, the patient is fed lying on the good side. This lessens the danger of food being lodged in the throat and breathed into the lungs.

Pre-operative enemata, with cerebellar patients, are extremely dangerous and have been known to cause the death of the patient. This is because the blood which is forced out of the abdominal organs by the strain of expelling the enema is forced into an already crowded space within the skull. This results in the medulla being forced into the upper part of the spinal canal and so compressed that it ceases to function.

A Murphy drip of magnesium sulphate may, however, be ordered, for the combined purpose of reducing pressure and cleansing the lower bowel.

Laminectomies (including fracture of the vertebrae): These result in anaesthesia of the parts below the lesion, and trophic disturbances: proper nourishment is not being supplied and resistive power is very low. Because of sensory impairment, a hot water bottle must *never* be used with a laminectomy patient, since even a moderately heated bottle may cause a severe burn without the patient's knowledge. The patient must be turned frequently—the spine being carefully supported—for rubbing and changing points of pressure, also to prevent hypostatic pneumonia. He must be kept scrupulously dry and clean. A pressure sore once begun progresses rapidly and is extremely difficult to heal.

Constipation and retention may follow operation, later succeeded by incontinence due to loss of sphincter control. This demands unlimited care and preventive measures.

Other nursing responsibilities in connection with neuro-surgery include: Accurate observations of convulsions or epileptic attacks. Careful records of the beginning, spread and duration of attacks may be invaluable aids to diagnosis.

Great difficulty is often experienced in keeping post-operative patients quiet and restraints may have to be used, but such restraints must be so applied as not to interfere with circulation in any way. The intracranial case must be regarded as potentially unbalanced mentally for the time being. Consequently he cannot be trusted and must be watchel *all* the time.

The head of the bed is elevated as ordered, usually three notches, to prevent œdema of the brain. Only when the symptoms of shock overbalance the danger of œdema of the brain is the foot of the bed elevated instead of the head.

Drugs are used very little because further depression is undesirable. The blood pressure chart gives important information about the patient's condition. Shock and collapse are indicated by a fall of blood pressure, increased intracranial pressure by increased blood pressure, and failure of the medullary centre causes a sudden drop in a blood pressure which may have been rising steadily towards the normal.

Care of the mouth is important in every case.

Dressings for neuro-surgical cases consume a great deal of time and require careful technique. The meninges possess no resistance to infection, therefore any break in technique may result in the loss of the patient's life.

Finally, we should consider the mental attitude of the patient, who is often unfit for work for a very long period of time. During convalescence he may be taught many things about caring for himself, e.g., a tic douloureux patient, cured by root resection, will have a permanent paralysis of one side of his face. He must be taught to protect and care for the eye on that side, since foreign bodies which he cannot feel may cause corneal ulceration, which may result in the loss of his eye.

Hope and courage should be sustained. To this end current events, books and the patient's surroundings should play an important part. Tact and resourcefulness are almost as important nursing attributes as observation and intelligence.

Editorials

EASTWARD HO!

The tang of sea breezes, the lure of the mountains and the hospitality of the United Empire Loyalist combine to make Saint John an ideal city for conventions. Are you including the biennial meeting of the Canadian Nurses Association in your professional and holiday plans? All roads will lead to Saint John the last week of June, the twenty-first to the twenty-fifth to be specific. Added to the attractions of the convention city in particular and to the Maritimes in general is the content of the programme itself. The Report of the Survey of Nursing Education in Canada is accentuated as reflected in a tentative outline appearing in this issue. The sessions are devoted to a discussion of the salient recommendations of the Report and to business.

What of the intellectual menu? The programme committee has exercised meticulous care in a choice of guest speakers and has been singularly rewarded by the acceptance of those who have made a distinctive contribution to thought and practice, each in his own field. The Hon. Vincent Massey, LL.D., will discuss the report from the angle of the public, Professor F. Clarke of McGill University from the standpoint of the educationist, and Dr. G. Stewart Cameron will interpret the attitude of the medical profession. Professor Roy Fraser, Mount Allison University, our dinner speaker, will contribute the viewpoint of the scientist.

Nor has the practical aspect of nursing problems been neglected. Three general sessions are devoted to three salient features of the Report: that is, recommendations regarding the Approved Training School, the Cost Analysis of Nursing Education and the Distribution of Nursing Service. Subtopics relative to each will be discussed briefly by selected nurses throughout the Dominion. Each of the three sessions will be introduced by a nurse member of the Joint Study Committee, who will summarise discussion and present related resolutions for group consideration. Ample time is reserved for general discussion. Section sessions under process of preparation will reflect similar care in respect of content and presentation.

Hospitality, arranged by our hostesses, the New Brunswick nurses, promises to be as unique as it is genuine. Plans divulged by the Convener of the Arrangements Committee testify to that.

Already many look eastward to the biennial convention and to a restful holiday in the Maritimes. Their purpose is to combine a collective, dispassionate study of nursing problems with subsequent leisure. Will you join them?—F.H.M.E.

SCHOOL INSPECTION IN ALBERTA

The University of Alberta, which is responsible for the standard of nursing education outlined by the Alberta Association of Registered Nurses, has recently appointed, on request from the Association, a Committee of Inspection for schools of nursing in that province.

The personnel of the committee has been drawn from members of the Senate of the University and represents the medical and nursing professions and the public; thus the close corporation idea in regard to the nursing profession is done away with and the responsibilities of the committee placed on more general educational basis. The members of the committee are: Dr. J. J. Ower, of the Faculty of Medicine and Provincial Pathologist; Mr. A. E. Ottewell, Registrar, University of Alberta; and Miss Eleanor McPhedran, President, Alberta Association of Registered Nurses and Superintendent of Nurses, Central Alberta Sanatorium. Miss McPhedran's appointment has the whole-

hearted approval of the Association; with her wide experience she will undoubtedly prove to be a valuable member of the committee.

Miss McPhedran commenced her professional career as a teacher, but soon abandoned that and entered the New York Hospital at a time when Miss Annie Goodrich was superintendent of nursing. After graduation, several years were spent in hospital work and private duty nursing; then Miss McPhedran accepted the position of assistant superintendent at the Calgary General Hospital, and for the past twenty years her professional interests have been centred in the province of Alberta.

A pioneer in school nursing in Western Canada, Miss McPhedran served in that capacity with the Calgary School Board for three years; then she took charge of the newly-established Hospital for Returned Soldiers. This led to an appointment for overseas service, and early in 1917 she arrived at No. 9 Canadian General Hospital at Shorncliffe. Later a term of service was spent at No. 2 Canadian General Hospital at Le Treport in France, then again at No. 9, and also in North Wales. When the Department of Soldiers' Civil Re-establishment took over the Belcher Hospital, Calgary, Miss McPhedran was appointed matron, and in 1920 she was transferred to a similar position on the opening of the Central Alberta Sanatorium. For the past six years this institution has been under the direction of the Health Department of Alberta.

Miss McPhedran has been associated with the provincial nursing organisation since its inception in 1912, acting as secretary for six years, and as president for the past four. Since 1926 she has represented the nurses on the Senate of the University of Alberta.

MISS EDNA MOORE RETURNS TO CANADA

The return of Miss Edna Moore to the staff of the Provincial Department of Health of Ontario was welcomed not only by her former associates in that department, but by those interested in the field of public health nursing in the province.

Miss Moore assumed the position of Chief Public Health Nurse for the province on December 1st, 1931, bringing to this position a wide knowledge of the field of public health nursing, particularly from the administrative angle. Her experience, both in Canada and the United States, makes her fully aware of the problems which confront the nurse engaged in any and all types of communities, and she has the added advantage of coming to her new field of effort without bias and with one objective only, namely, to establish public health nursing on the plane which is should unquestionably occupy in the province in which she is employed.

Both her friends and acquaintances will follow her efforts with interest; that she is assured of the fullest co-operation of all those, either directly or indirectly associated with public health, may be taken for granted.

J. T. P.

The Relation of the Dietary Department to the Hospital

By SISTER KENNY, Hotel Dieu, Chatham, New Brunswick

Those of us who have seen service in the hospital field during the past quarter of a century are struck with amazement and pride at the gigantic strides science has made in the perfecting of every branch of hospital work. The American College of Surgeons was responsible for the explosion of the bomb, which, after unsettling many institutions, ended gloriously in bringing into standardisation line many hospitals which of themselves would never have arisen out of the rut of monotonous inferiority. Mr. Robert Jolly's humorous account of his disregard of standardisation literature, and of his subsequent tragic encounter with the college member on his first survey, might be reproduced in many institutions. But the American College of Surgeons meant business, it had perfect organisation, and in time institutions for the care of the sick came to realise that they had to submit to its requirements or be wiped off the hospital map. Every institution represented here today has satisfied the exactions of the minimum standard, and many are doing much more. Realising the great benefit of standardisation, and being fired with greater enthusiasm for the betterment of hospitals, a new need was created, that of closer co-operation, a more friendly feeling between institutions. This was met by the formation of hospital associations. These associations have been a real boon to hospital executives. Whereas formerly hospitals functioned independently of each other, neither knowing nor caring how the others fared, now there is the bond of union, the pooling of problems and experiences, transferring worries from the overwrought shoulders of the administration to the whole association, where many minds and united efforts easily solve the apparently insurmountable obstacles.

The end and object of all these noble enterprises, be they standardisation movement or the formation of associations, is ever and always the greater good of the patient. The patient is the centre, towards which converge all our efforts and strivings —the very reason for the existence of our imposing structures, and for the high education of doctors and nurses. The American College of Surgeons made wise choice of the minimum standard in insuring safety and protection to the patient. There is, however, one department of prime importance on which, I venture to say, the reputation of a hospital depends, whereby its good name is made or marred—I refer to the dietary department.

Let me appeal to the medical man—has it not frequently happened, in the treatment of disease, that careful attention to diet has saved the life of your patient? Must you not acknowledge that in many instances a cure could have been effected if anyone had been at hand to correctly select and prepare the prescribed food? Not many of the laity select a certain hospital solely because it keeps correct case records, or because it has a good laboratory, holds regulation staff meetings, has a wonderful x-ray, or indeed because fee-splitting is unknown within its precincts. These five points are excellent, and call for unstinted praise; but, in reality, what do we hear current among convalescents or those lately discharged from hospitals? Is it not something similar to this: "I wouldn't go to any other hospital—the meals are so good here —every day is like a picnic"; or, "In this institution one just has to eat, the trays look so inviting"? Or do we hear: "I'll never go back to that hospital; I was starved, the food was

(Read at the 1931 meeting of the New Brunswick Hospital Association.)

never hot or I had to send home for little dainties—the tray service was uncouth——"?

Now as we are engaged in hospital work primarily for the good of the patient, his welfare and comfort must be dominant. Observation extending over years has convinced us that if the patient is satisfied with his diet, he is satisfied with everything. Psychology teaches that a contented mind is the prime essential for the cure of any ailment. What is more conducive to this end than meals which are satisfying? We do well to listen willingly to the observations, even the complaints of patients and their friends; we often learn much for the betterment of the whole institution. We observe that our patients expect to get good food, well cooked — served hot — in sufficient quantity—to suit individual tastes.

Let us treat these four points more in detail. Food for the sick should be, first, *of very best quality*. False economy should never tempt us to profit of a bargain by stocking our hospital storeroom with any food of an inferior grade. In this branch of work the best is always the cheapest. The bread, milk and cream, butter and eggs, meat and vegetables and fruit should be of the best quality. But when the purchasing agent has faithfully attended to all this, there yet remains a very important part—the proper cooking or preparation of the food. It is necessary that the food contain sufficient nourishment, be tasty, present an attractive appearance, and last but not least, be economically handled. A little further on I will describe the person fully qualified to accomplish these results.

Second point: *Served hot.* How often have administrators been confronted with the complaint — the meals are not hot? To overcome this difficulty we must enlist the co-operation of every individual concerned with the food service. Certainly the food must leave the main kitchen hot, reach the floors by rapid transit, and then be served expeditiously on its arrival there. This applies either to service from a central kitchen or by way of a diet kitchen. In this respect the senior nurse on the floor should be well impressed with the necessity of personally supervising tray service and not be allowed to relegate this very important duty to young and inexperienced nurses.

In treating the third point, I would like to say that it is an unpardonable offence against any hospital to have it said that patients have to buy food or have it brought from home. While we cannot credit even a fraction of such remarks made by patients, yet it is a fact that many complaints arise from the above source. While we serve bountifully to all who are allowed full diet, we must also remember that "too far east is west!" A heaped up tray placed before a delicate convalescent has the effect of spoiling whatever little appetite the patient had. A reasonable-sized serving, with the assurance that plenty more may be had on request, seems to be best. Sick persons may also require a light lunch at frequent intervals, when a full meal cannot be taken.

The fourth and last point: *to suit the individual tastes.* This is perhaps the greatest difficulty to surmount, as patients are strangers to us, of different nationalities and tastes, and we know that what is one man's meat is often another man's poison. To overcome this, all engaged in the hospital must be convinced that they are dealing with sick people, who are for the time being abnormal, nervous, irritable and hard to please. Unless this be kept in mind, we may look with scant sympathy on their apparently unreasonable idiosyncrasies and consider them fussy or cranky. This should be guarded against, because has not experience taught us that sickness often sours, temporarily, even the best disposition, and when restored to health our most difficult patients have often proved our warmest friends and our most grateful patrons? Experience may have taught

us that we, ourselves, are not proof against a little querulousness when some slight indisposition attacks us. Then I am strongly in favour of a special visit to each patient to ascertain his likes and dislikes. Why persist in serving foods we know the patient does not like? To say the least, it is poor economy, as we must discard all food left on a patient's tray, and it also needlessly annoys one already sensitive, and perhaps irritable. But, if we believe that satisfied patients constitute our best publicity, should we not endeavour to please all, and to send out each patient to sing the praises of the hospital where he has been treated? To sum up—to satisfactorily conduct a dietary department our aim must be to serve first-class food, well cooked, daintily presented, and to satisfy the needs and even the whims of our patients.

Now, I ask, on whom shall we place the responsibility of this very important department? Realising that in every hospital there is no one factor that contributes more largely to its general success or failure than the matter of diet, it follows that the person in charge must have special training; a broad, comprehensive plan of her work, and have acquired sufficient knowledge of dietary values. No longer may we send into our dietary laboratories the inexperienced, uneducated cook any more than we would engage the Sairy Gamp type on our nursing service. The day is past when any housemaid, who would hire for a reasonable sum, can be placed in charge of our dietary department, regardless of the fact that she never heard the terms: proteins, fats and carbohydrates, and thinks when she hears the nurses speak of calories that they are some new discovery in the line of "bugs." We would not entrust our surgical department to any but a very capable nurse, nor our pharmacy to an unregistered drug clerk, neither would we conscientiously confide so important a department as that of dietetics to any but a fully competent dietitian.

The ideal dietitian is one who, after graduating from high school, pursues a college course in Home Economics, then rounds out her science course by six months' practice under a qualified dietitian. I would add that to better care for the sick it is desirable that the dietitian be also a registered nurse. Would it be unkind to suggest further a period of illness to add a finishing touch, for nothing elicits sympathy for the sick as well as a personal acquaintance with illness? This education may seem extravagant, but do we realise that the food item represents 25 per cent. of the entire budget, and by placing a competent person in charge we judiciously cut down expenses by way of economy and by securing for our hospital satisfaction to the out-going patients?

The dietitian, if wisely chosen, will study the interests of the institution engaging her, will visit and strive to satisfy the varying whims of the sick, will be amenable to suggestions from the staff; differing in this from the proverbial cook, with fire in her eye when anyone accosts her, and who makes the kitchen a place where even the superintendent, unless clothed in a coat of mail, dare not trespass! Having secured a well-qualified, agreeable head for the dietary department, let us prove our appreciation by entrusting the welfare of this office confidently to her good judgment, and by listening with reason to requests for labour-saving devices and inventions which are nowhere more profitable than in this connection.

A student nurse's training is very inadequate without a proper conception of food values, special diets and the proper cooking and serving of her patients' meals. Who but the dietitian can supply this class work? Teaching nurses and taking care of special diets are not the only assignments of her rôle. She is the very embodiment of service and of proper sanitation. She is trained to make up properly balanced diets, and to

teach her patients the diet they must follow when they return home.

Hospitals, I repeat, are judged not only by the staff, the fine equipment, etc., but very largely by their courtesy, their service and by the meals they serve. Discourtesy and poor meals are two factors which cause the loss of many a potential patient and greatly irritate those under our care. A sick person's food must appeal to him. A tray with a soiled or carelessly arranged cover, mismated china, and lukewarm, colorless, tasteless food tempts no one. It is a well-known fact that the spirit and attitude of the head of a department permeates the whole service. If the head or manager is courteous, punctual and obliging, soon every employee under her direction is doing her very best to have things just right; and to create a good feeling among the help is no small item. By visiting each patient several times a week, the dietitian is giving personal attention. Not only does she put the patient in a better frame of mind by merely calling on him, she also learns whether or not he is being satisfied. If she is responsible for all the food and its serving, and if she hears complaints first hand, is it not reasonable to expect her to correct these defects at once? The supervisor of the floor can and does listen to complaints about food, but can she always report the complaint without causing hard feelings and friction?

In pre-standardisation days we thought our hospitals were quite complete with no x-ray, a record department consisting only of clinical sheets and an order book, and a laboratory which we blush to recall, and we do well to remember the repeated appeals, the determined persuasion, even the very threats of being unclassed, which were needed on the part of the American College of Surgeons before we could be brought to see the necessity of standardisation requirements. It meant the outlay of a large amount of money, but the need was urgent, and we succeeded somehow in co-operating. Now how much do we spend on our diet kitchen equipment? Is the kitchen a place we exhibit with pride to visitors, or do we quietly ignore it as our laboratory of years ago? Even though convinced of its importance, are we going to wait for some new urge from the American College of Surgeons before we equip and staff our kitchens as we know we should? When the dietitian asks for more equipment, investigate the matter with her, confer with reliable concerns about the merits of the suggested new devices, visit other modern hospitals to learn how they have solved their problems—then decide whether your dietitian is extravagant or not.

The nurses need nearly as much attention as the patients. Oftentimes a nurse is tired and discouraged when she comes down to the dinner table. If the meal is not the least bit attractive, she simply does not eat—and if this happens many times she becomes undernourished and even more disheartened. We expect nurses to radiate health and cheerfulness, but they cannot if they are not properly nourished. Let the dietitian help to create a cheerful dining room. She has had special instruction in house furnishing. She will keep the tableware well polished, have clean tablecloths at all times, even if they must be changed frequently, provide nourishing, tasty meals, served neatly and attractively. If a hospital is a place to restore health, why not make it a place to preserve it also?

In conclusion, let me again emphasize that the reputation of your hospital rests upon the meals you serve and how you serve them just as much as it does upon your x-ray facilities and your operating-room technique. When a properly organised dietary department has secured to your hospital satisfied patients, healthy contented nurses and employees, it will have taken its place with the most important departments in the hospital.

The Saint John Tuberculosis Hospital

The first hospital for the exclusive care of tuberculosis in the province of New Brunswick was founded in the city of Saint John to supply a growing need for the care of needy patients, and with the present viewpoint of the prevention of further disease. The institution was opened in December, 1915.

The original plant consisted of a main building, accommodating sixty patients, rooms for nurses, help, a power house and laundry; the whole plant facing eastward, with its wide view of the Bay of Fundy.

Dr. H. A. Farris was appointed medical superintendent—a graduate of McGill (1907), who had splendid training in tuberculosis work. This began with a period of illness, followed by four years in Saranac Lake, six months in St. Agathe, a year at Calydor with Dr. C. D. Parfitt, a year as superintendent of Lake Edward Sanatorium. His influence in its years of development are everywhere evident.

During the war, the Dominion Government needed further accommodation for the ex-soldiers who had broken down with tuberculosis. A wing, accommodating forty service men, was added to the main building, thus increasing the accommodation to one hundred. In addition, the Dominion Government built a nurses' home and a superintendent's cottage.

In 1925, the staff of the hospital took over the medical work associated with the Free Tuberculosis Clinic, and this added much to the efficiency of the tuberculosis work of the city and county of Saint John, as it kept a closer contact with dispensary and hospital, and allowed for an improved follow-up system. This clinic has grown until, at the present writing, some twenty-five to thirty patients are handled weekly and two visiting nurses carry on the follow-up work.

SAINT JOHN COUNTY HOSPITAL FROM THE AIR

Dr. Farris, realising that the nurses in New Brunswick were not receiving training in tuberculosis work, began an affiliated course. At the beginning three months were given, but at present it has been reduced to two months. The course stresses the infectiousness of tuberculosis, and every attempt is made to insist that nurses learn the means of prevention of its spread, thus improving their protective tech-

Institute of Public Health
Faculty of Public Health of the
University of western Ontario
LONDON - CANADA

nique. Eleven lectures are given, and the subjects are as follows:

History of Tuberculosis;

Tubercle Bacilli;

Tuberculous Infection;

Tuberculous Disease;

Symptoms of Tuberculosis;

Complications and Treatment of Tuberculosis;

Drugs and Tuberculin;

Home Treatment versus Institutional Treatment;

Rest and Exercise;

Anatomy and Pathology;

Return to Health—Education of the Patient.

Use is made of practical demonstrations, moving pictures and any other means to impress the teaching. Practical care of the patients is also taught. At present there are nine affiliated schools, viz.:—Nova Scotia: The J. H. Dun Hospital, Bathurst; Yarmouth Hospital, Yarmouth; King's Memorial Hospital, Berwick. New Brunswick: Hotel Dieu of St. Joseph, Chatham; Victoria Public Hospital, Fredericton; Moncton City Hospital, Moncton; Chipman Memorial Hospital, St. Stephen; and the Saint John General Hospital; and P.E.I. Hospital, Charlottetown, P.E.I., with an annual turnover of nearly eighty nurses.

Each nurse is x-rayed, both anteroposteriorly and laterally, given a physical examination, a complete history is taken, and an intradermic test is done. A careful record is kept of each nurse, and a yearly follow-up for five years is carried out, the latter to give accurate future history of every nurse who has been in training, to determine, if possible, the association of the nurse with infection.

On completion of the course, every nurse is given a written and oral examination, and certificates are issued to those taking the course.

In 1924 the American College of Surgeons accepted the hospital as one of its standardised institutions, and in 1926 it became a member of the American Hospital Association. In 1928 the institution was accepted as a special hospital for the training of internes.

An operating room was added and fully equipped to do chest surgery (thoracoplasty, phrenicotomy, thoracotomy, etc.)

At that time there was added a visiting staff for the departments of surgery—a senior and junior surgeon, and of medicine, nose, ear, and throat—x-ray and pediatrics.

Due to the generosity of Mr. A. J. Nesbitt, of Montreal, a two-storey, fire-proof building was added for the treatment of all forms of tuberculosis in children. This building has accommodation for fifty-two patients and maintains a teacher for older children and two kindergarten teachers for under-school-age children.

During the past year extensive changes have been made, consisting of the erection of an entrance lobby, after the manner of a hotel, a new front entrance in Colonial style, a sterilising and sitting room, and a recast of the x-ray, laboratory and help's dining room, an enlarged nurses' dining room, a cement tunnel connecting the nurses' home to the hospital, a new building for the housing of maids, an enlarged kitchen, new refrigeration and a diet kitchen with mechanical subveyor for the transportation of trays from the central diet kitchen to the floors, extensive landscaping of the entire grounds and a new superintendent's residence.

The present institution will accommodate two hundred and twelve patients, and is fully equipped to treat all forms of tuberculosis.

In 1930 Dr. Farris resigned to enter private practice and his position was filled by Dr. R. J. Collins, a graduate of Western Reserve University, Cleveland (1915), former superintendent of the Jordan Memorial Sanatorium at River Glade, N.B., and the Balfour Sanatorium, Balfour, B.C.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

Care of the Mentally Ill

By MAY DAVISON, Woodstock, Ontario

The term Care of the Mentally Ill will convey to the minds of most people, perhaps, a deeper meaning than the newer terms Mental Hygiene and Psychiatric Nursing.

Mental diseases are hereditary, and, contrary to general opinion, mental cases as a rule are not dangerous to others, rather to themselves only. Never, if possible, should mental cases be kept at home; it is much better to have them in hospitals, particularly if there are children in the home.

On entering an Ontario Hospital a nurse or an attendant is first taught the need of custodial care: always to lock the door after a patient; not to lay down her keys or intrust them to a privileged patient. Keys have a habit of disappearing and patients are constantly alert to pick them up.

So-called nervous cases or mild mental cases (there is very slight difference) admitted to general hospitals, who are without severe pain or high temperature, are of very little interest to the busy general practitioner or the general duty nurse. Too often one hears, "What that patient requires is a good shaking," or "I'd like to slap her to make her snap out of it," without realising that these patients are mentally ill. The result is patients take a dislike to the doctor or nurse and are reluctant to discuss symptoms; they retire into themselves, become more depressed and make no progress toward recovery.

These patients, as well as the highly excited type with a capacity for work, are put to bed for absolute rest and feeding up for a period of six to eight weeks: they receive no letters, no visitors allowed or visitors restricted. Patients without visits from sympathising relatives and interfering friends make better progress than those allowed visitors. Frequently at the end of eight weeks such patients are allowed selected books to read, play solitaire, and later occupational therapy is introduced. This last plays a large part in the recovery of mental patients. Baths are given; first the bed bath, then later tub baths followed by an alcohol rub or light massage, and needle showers, warm or cold, also followed by massage.

Depressant patients are put to bed for absolute rest and feeding, and if possible the cause of depression must be discovered. Some go back to childish grievances or fears, as some constriction of throat or stomach, or lacking some organ, fear of falling down stairs, knives, people are talking about them, or poisoned food with refusal to eat. Take a spoon and show them you will eat the same food and persist in trying to reassure the patient that she is quite all right. On recovery patients will discuss with the doctors the dreadful thoughts they had and thus help the doctors in their treatment of similar cases. Depressant patients are given bed or tub baths, followed by an alcohol rub or massage; needle showers, hot or cold, or in some cases the continuous bath.

Never put an excitable, nervous patient in the continuous bath by wrapping the patient in a blanket and forcing her in the tub, but give a sedative first till the patient is in a fit condition to enter the bath. This consists of a sort of hammock slung in the bath tub, the patient is covered with a sheet or canvas cover and the temperature of the water kept at ninety-six or ninety-eight degrees. Test the water every half hour, either with thermometer or back of the hand. Patients must be under constant supervision in case the "mixer" is not working properly and the patient is liable to be chilled or scalded.

(A paper read at the June, 1931, meeting of District 2, Registered Nurses Association of Ontario.)

Those of a suicidal tendency will watch for an opportunity to duck their head under cover; also, in some cases, there is the danger of collapse. The patient should not be left in the bath longer than eight hours, then given a rub down and rest and returned to the bath. Some patients are kept in the baths for weeks; some for a shorter period. If there is any tendency to a skin rash, rub the patient with vaseline or ointment. Very few general hospitals have facilities for a continuous bath to be given properly. These baths are not a new thing, Napoleon in his time was fond of them. Numbers of alcoholic patients have been admitted to hospital for continuous baths to aid them in sobering up.

Diathermy and massage are very important in the treatment of mental diseases.

Tube feeding is sometimes necessary. In depressant cases where the patient refuses to eat, sometimes the sight of the tube will be all that is required for desired effect, or sometimes one feeding is sufficient for the patient to give in. Milk or concentrated foods are used.

Interstitials are necessary in the cases of dehydrated patients.

In some mental cases patients are given a sedative of veronal, from twenty to thirty grains a day for three days, then discontinue; but the patient must be watched closely for drooling at the mouth, etc. Magnesium sulphate is given daily to avoid accumulation of the drug. In some cases chloral, one drachm, is given, but for only one dose, unless a special order is issued by the doctor in charge.

In arteriosclerotic cases the patient is to be kept warm and have proper bowel elimination.

Senile cases admitted to general hospitals are frequently very noisy, are annoying to other patients, also elude the vigilance of nurses and wander into other patients' rooms, annoying and terrifying them. At home these cases are in the habit of rising at all hours and disturbing the household. In senile cases admitted to mental hospitals from homes or even from general hospitals, it has sometimes taken two or three days to get the proper bowel elimination, due to impacted feces. Keep the patients warm and occupied during the day. These are the only cases in which whisky is sometimes prescribed: from two to three ounces, one given as a hot toddy at night and the patient will sleep until morning. Senile patients have been readmitted after two weeks at home in an excited condition, and the same process of elimination has to be done again.

Formerly mental cases, due to venereal disease, were bed patients and not very nice patients at that. Now they are usually in bed two weeks, up and dressed and gradually fade out, sometimes being in bed two weeks only at the last.

For the most violent patients the only thing is to give hyoscine, morphine and caffeine, and it is surprising how much drug a mental case can take. Morphine sulphate, grain one-half, in itself is not effectual.

Then the sex trend: the greatest difficulty is to keep patients out of trouble and prevent illegitimate children being brought into the world. In some cases, with the consent of patient and relatives, sterilisation is done, but as this is not legalised in Ontario there is always danger of a lawsuit. In some health centres sterilisation is being done in a quiet way, parents realising the seriousness of bringing defective children into the world to become state charges.

At the Ontario Hospital at Woodstock, epileptics only are treated; some are classed under other forms of dementia. Some of these patients are nice, some decidedly nasty. Some have violent fits of temper at times and raise disturbances on the wards. If these patients are put in a room with their mattress on the floor and left to themselves they will quieten

down more quickly than if struggled with. These patients are kept at some sort of work if possible, but only the controlled cases are fit to work in laundry or garden. Epilepsy is not curable, but can be controlled. Doors are not locked during the day but are at night. The diet consists of the heavy meal at noon; meat is restricted, vegetables in variety grown on the farm, milk from their own dairy, all substantial food is given but without frills. Epileptics, like all nervous cases, will yield to suggestion, but will never be coerced.

The dementia praecox patients show an improvement for a year or two and then lapse: these cases are incurable. In some cases, to avoid the possibility of pregnancy, with the consent of parents, the patient is sterilised. In time it is hoped that all mental defectives will be sterilised; at present they marry their own kind and reproduce mental defectives, who, of course, become a state charge.

Nurses in charge of mental cases should have tact, patience, a sense of humour, and, above all, plain common sense; be sympathetic but not too much so as that only makes a patient worse. Suggestion is always a good method to follow.

There are two hundred and six patients in the Ontario Hospital at Woodstock, increasing to six hundred with the new buildings this fall, while there are about fourteen hundred patients in London, including some fifty controlled epileptics. There are eighty-four mental hospitals in Ontario, with ten thousand, nine hundred and fifty-nine patients, employing three thousand, five hundred and eighteen attendants. There are five hundred and seven student nurses; of these some hundred and seventy graduate by affiliating with general hospitals and obtaining their R.N.

There will be more accommodation at Orillia by this fall, making a total of eighteen hundred, with four hundred increase at Woodstock and one hundred at Brockville. Hospitals are increasing their staffs so as to give more individual attention to patients, which is proving beneficial.

The Epileptic Hospital is the only one which demands pay patients. In other hospitals the usual rate is one dollar a day, sometimes less. No patient is ever refused admittance to an Ontario menal hospital if papers are properly made out.

Mental clinics have been established in seven centres in the province, serving forty cities and towns, according to Dr. McGhie. There is a great deal of work now among the juvenile courts: ninety-six per cent. of the children owed their presence before the judge to lack of or faulty home environment. Social agencies are faced with finding a substitute for the home to repair damage done to children under those conditions. At the present time nurses who are graduates of general hospitals and who wish to take post-graduate work in mental training must go to the United States, but we understand it is the intention of the Department of Health to establish a mental training course in the near future. Let us hope within a year or two graduate nurses may take this further training in Canada.

[With acknowledgment, in part, to the Superintendent of one of the Ontario mental hospitals.]

Our readers' attention is drawn to the announcement, "One-Act Play Competition," which appears on page 99.—EDITOR.

Investigation of the Flora of the Lymphatic Glands in Skin Diseases of Unknown Origin

By GEORGE V. BEDFORD, M.D., Lecturer in Dermatology, University of Manitoba, Winnipeg.

Until recently it has been presumed that certain skin diseases are for the most part local infections of the cutaneous surface of the body. During the last few years this belief has changed, and the change is largely due to the fact that studies involving careful examination of the chemistry of the blood and tissues, the secretion of sweat, the involuntary nervous system and the gastro-intestinal tract have replaced much vague speculation "with well-established facts." These well-established facts suggest that cutaneous disorders must be regarded in many cases as merely the local manifestation of general disorders or infections, and the modern view is to consider the inter-relationship between the skin and the various systems as being of great importance. Particularly important is the relationship of the skin to the lymphatic system. The skin and subcutaneous tissues admittedly form a vast lymphatic lake. The lymph-nodes grouped in well-defined areas and easily accessible in the groins and axillæ serve the purpose of filters for the lymphatic area. It is reasonable to suppose that if certain organisms, whether bacteria or fungi, are constantly associated with the skin lesions, their presence may be made known by an examination of the lymphatic glands which drain the territory involved.

The purpose of this investigation was to examine the flora of these glands in some of the cutaneous diseases of obscure or unknown causation which came under our notice. Our interest in this problem was aroused by the apparently intractable nature of psoriasis and similar associated conditions. As is well known, numerous etiological factors have been alleged to be associated with psoriasis, but the cause has not yet been determined.

In 1924, Civatte reported to the Royal Society of Medicine that "A comparison of the histological features of psoriasis and the psoriasiform type of seborrhœic dermatitis, which may closely resemble each other, suggests that the lesions of the former are inflammatory reactions produced in the skin by a blood-borne toxin, while those of the latter are due to an external microbic infection." Barber has said: "Although the actual cause of psoriasis is still unknown, a consideration of the evolution and the course of the disease points to it being due to a micro-organism of low virulence, against which little or no immunity is developed. It would appear that this disease will eventually be shown to be due to infection with a specific organism, perhaps a species of the streptococcal group." He has stated further that the eruption known as keratodermia blennorrhagica, which is a rare complication of gonorrhoeal arthritis, resembles psoriasis, both clinically and histologically, and he suggests that psoriasis may be due to an organism closely related to the gonococcus. Within the last few months a paper was published by Ingram on acro-dermatitis perstans (a spreading dermatitis) and its relationship to psoriasis, in which he emphasizes the similarity between these conditions and suggests that they are the result of "a definite staphylococcal dermatitis." This view would hint at a staphylococcal basis for psoriasis.

We have, then, the theories that the disease is due to: (1) a toxin (Civatte); (2) a streptococcal type of organism (Barber); (3) a staphylococcal type of organism (Ingram).

What is the source of the infection? Is it directly on to the skin surface, or is it through some other portal such as the alimentary canal, as sug-

gested by the work of Wachowiak, Schwartz, and others.

The members of this society[1] are aware of the work done by Doctors Cadham and Gibson in the study of the lymphatic glands in relation to multiple arthritis. With their work in view, I conceived the idea that the lymph-nodes, draining as they do the great skin area of the body, might throw some light upon a possible bacterial source of some of the mysterious diseases. They have collaborated with me in investigating the flora of the lymphatic glands in twenty cases.

The following summarizes the results:

	No. of cases	Positive culture
Psoriasis	14	14
Seborrhoeic dermatitis	2	0
Generalised eczema	2	0
Pityriasis rubra pilaris	1	1
Darier's disease	1	1

In the fourteen cases of psoriasis, from six nodes a diphtheroid organism was isolated, from three a staphyloccocus, and from five a diphtheroid together with a staphylococcus. From the nodes from the patient with pityriasis rubra pilaris a diplococcus was cultured, and from the case of Darier's disease a haemolytic staphylococcus was recovered.

There are many diseases, such as lichen planus, dermatitis herpetiformis, pemphigus, lupus erythematosus, erythema multiforme, erythema nodosum, erythema induratum, etc., which we have not so far had an opportunity to investigate, but it is our intention, as the opportunity arises, to include these dermatoses in our studies. Obviously an investigation of a far larger number of cases is required before any definite conclusions can be drawn.

As a justifiable application of our findings we have commenced treatment with vaccines prepared from the organisms found. Long periods of observation will be necessary before any significant deductions can be made from work of this kind. The results obtained up to the present are sufficiently favourable, in our opinion, to justify publication of this preliminary report, with a view to stimulating work along the same lines in other centres, so as to carry to a definite conclusion ideas which our experience up to date have proved to be of some value.

[1] Winnipeg Medical Society.

Summary

1. Inguinal glands have been excised and investigated in twenty cases of skin diseases of unknown origin.

2. Fourteen cases of psoriasis yielded positive cultures. No organisms were recovered in two cases of seborrheic dermatitus and in two cases of generalised eczema. A diplococcus was cultured from the patient with pityriasis rubra pilaris and a haemolytic staphylococcus was found in the case of Darier's disease.

3. Autogenous vaccines are being employed in the treatment of our cases.

THE STRAIGHT JACKET

Today a strange compulsion had me count its narrow stripes,
And then I mused how on the bolt there seemed just inoffensive stuff,
Yet stuff that made this hideous thing confining frenzied limbs,
Woven to triumph over mad men's livid threats:
Fashioned to stand the writhings from immutable desires,
Strained to the uttermost its binding-tapes have seldom failed.
Ah me, small wonder that such record sets high value on its use,
And so what matter it this urge to knife my sickened heart,
Lest I, I too one day become a debtor to its law!

V. V. R.

Laryngeal Diphtheria

By H. B. CUSHING, M.D., Montreal

Diphtheria of the larynx is unfortunately a common affliction among children, and ranks among the most important causes of death at an early age. Every practitioner of medicine is sure to come across a case in his practice sooner or later, and is sure to remember his first case all the rest of his life. Few medical emergencies are more critical or more distressing. Diphtheria in itself is still a very fatal disease, and nearly half the fatal cases are due to involvement of the larynx. Of 100 cases of deaths at the Alexandra Hospital, Montreal, from diphtheritis, 40 per cent. were laryngeal diphtheria. Laryngeal diphtheria is not only a very fatal disease, but it seems worse because it is such a horrible form of death, to gradually choke, and again because almost all the fatal cases are in young, helpless infants, the usual age being from one to two years. It is, then, an emergency for which every physician should be thoroughly prepared, but it is surprising how few are really qualified to deal with it on beginning practice. After all, perhaps emergency is not the right word, for no child dies of diphtheritic croup in a few hours. The average duration of all fatal cases admitted to the Alexandra Hospital has been four days, and one died under two days from the onset of the symptoms.

Symptoms

The symptoms of the disease have been so often and thoroughly described they should be familiar to all. They comprise a characteristic triad of symptoms, viz., croupy cough, loss of voice and stridor. The cough is diagnostic of involvement of the larynx: once heard it is always remembered; it is as ominous as the sound of a rattlesnake. Every medical student should hear it once and should be taught that it calls for the immediate use of diphtheria antitoxin, unless there is absolute proof that diphtheria is not present. Every case of croup should be considered guilty of diphtheria unless proved innocent. In the early stages a large dose of serum is not necessary, and a hypodermic syringe full of concentrated anti-diphtheritic serum, at a cost of less than $1.00, is harmless, easy, and an absolute insurance. It is distressing to think how many lives are annually sacrificed for the lack of it.

Progressive hoarseness leading gradually to total loss of voice is the second cardinal symptom, almost never absent in true diphtheric laryngitis. It is most important as showing actual involvement of the vocal cords, and its absence assists greatly in distinguishing cases of retropharyngeal abscess, pressure on the trachea, etc., from diphtheria.

Laryngeal stridor, retraction of the chest-wall, lividity, etc., are late signs and usually only of importance in deciding the necessity of intervention. Other symptoms are of little clinical value; the cervical glands may be enlarged but usually are not, the characteristic fetor of diphtheria is usually absent unless the pharynx is involved, the fever is very variable, sometimes slight but often higher than in ordinary diphtheria if the bronchi or lungs are involved.

Methods of Diagnosis

As to methods of diagnosis in a doubtful case, the most important point is a careful clinical history, particularly of the gradual development of the above symptoms, remembering that while the onset is usually gradual, the course is apt to be paroxysmal, with periodic exacerbations. The history of exposure to in-

(Reprinted from International Clinics, Vols. 1 and 2, Series 36. Published by permission of the J. B. Lippincott Company.)

fection is naturally of great importance if it can be obtained, but it is astonishing how frequently it is absent; at least 75 per cent. of our cases gave no history of exposure. As to bacteriological methods, especially culture of swab from the throat, the results are notoriously uncertain, especially if the pharynx is not involved, and in a doubtful case the report should never be waited for. Observation of the effect of the action of antitoxin is the safest method of diagnosis, always keeping in mind that the first effect is a local and general reaction, so that in three or four hours there is generally a rise of temperature and increase in all the symptoms. Direct inspection has come to be the most important means of diagnosis and should be used in all modern hospitals. The improvement of the direct laryngoscope has made a view of the larynx of an infant almost as easy as one of the pharynx, and it is as absurd to diagnose laryngeal conditions without it as to attempt to diagnose genito-urinary conditions without a cystoscope.

The essential fact of an infection by the diphtheria bacillus being established, there remains the important question of the extent of the involvement. If the larynx only is involved or the structures below, there is little danger of toxic manifestations, such as myocarditis or post-diphtheric paralysis, as apparently absorption of the toxin from the larynx or trachea is slight. The outlook and to a certain extent the treatment will depend on whether the membrane is confined to the larynx or extends down the trachea. If the latter occurs, the extension is very rapid and the membrane rapidly reaches down to the finer bronchioles. The membrane lining the trachea and bronchial tree is always loosely attached and separates in large casts, tending to obstruct the larynx, intubation and tracheotomy tubes, and to cause broncho-pneumonia. This bronchial involvement is hard to diagnose definitely in the absence of the casts, but it may always be suspected if the disease has lasted several days, if the fever is high, if there are finer râles in chest, especially if there is a difference in breath sounds between the two lungs, and always when intubation fails to give immediate relief.

Prevention and Treatment

Before speaking of treatment, a word might be said as to prevention. Remembering the terrible danger to a young infant, one need hardly say the occurrence of a case of diphtheria in a house should call for an immediate immunisation by a small dose of serum of all infants exposed. Apart from this, the active immunisation of infants is now on such a sound basis that the occurrence of diphtheria in a child of two years means that either the parents or the family physician have neglected their duty. Every infant, especially if living in a crowded community, should be immunised at six months. Only when this is systematically done throughout the community shall we be able to control diphtheria.

Treatment may be divided into medicinal and operative. As to medicinal treatment, the most important indication is the immediate use of serum, without waiting for a positive diagnosis. Enough should be given at once, at least 5,000 units. Very large doses are not called for unless the disease is very late and the pharynx is involved. Give it intramuscularly, or, if the case is urgent, intravenously, or if unable to carry this out, intraperitoneally. Remember always the exacerbation of symptoms to be expected after three or four hours from the local reaction. The next most important means of carrying the case through until the serum acts is the administration of some opiate, paregoric or codeine being the most suitable.

The advantages of moist air or steam in some form has been much over-rated. It has been used from time immemorial for croup, and various croup kettles and croup tents de-

vised. While the use of steam may be effective in acute bronchitis of children, in actual diphtheria it does more harm than good. The fear and struggling that a steam tent inspires is definitely injurious, and in any case, the indication is to give as much fresh air as possible, not to shut it out. In all modern hospitals for contagious diseases croup kettles and tents have been relegated to oblivion. Hot fomentations to the neck sometimes seems to give temporary relief, if care is taken not to apply them too tightly to interfere with respiratory movement. The use of adrenalin spray has been advocated, but is of very doubtful service.

In most cases the question arises as to whether some form of surgical intervention is required. The only general rule that can be laid down is to postpone intervention as long as possible; better to wait several hours with all preparations made than to hurry on operation. Remember always that all cases not operated on recover, but on the average 25 per cent. of those operated on die. This is an obvious fallacy because all cases that appear in danger of asphyxiation are finally operated on, but it contains a germ of truth. The only points to be considered are whether the patient is in immediate danger of suffocation and whether he is becoming seriously exhausted by efforts at breathing. The question of absorption of toxin and later bad effects need not be considered as there is apparently little absorption from the larynx and trachea, and it is very exceptional for these cases to show later toxic manifestations unless the pharynx is also involved.

As to the choice of operative procedure, unquestionably the modern scientific course is to do a direct laryngoscopy and remove all mucus and loose membrane by suction. By this method an absolute diagnosis can be made and the extent of the involvement seen. There is no danger connected with it: the operator knows what he is doing and is able to remove casts from the trachea in a way that can be accomplished by no other means. The mortality of cases treated in such a way is remarkably low. Any other method is about as scientific as trying to treat gynæcological cases without a local examination. If the laryngeal obstruction cannot be relieved in this manner or if the necessary instruments and skill are not available, the next choice is to do an intubation. In practised hands this is a very satisfactory and simple proceeding. Almost all deleterious effects, such as retained tubes, laryngeal stenosis, etc., are due to bungling manipulation. If there is no traumatism or bleeding at the time of insertion of the tube, i.e., if there is no violence used there is usually no difficulty in removing the tube. One should remember that the larynx is as delicate a structure as the eye and should be treated with as much respect. Whenever intubation is performed, two subsequent emergencies must be kept in mind, viz., blocking the tube by membrane from below and coughing up the tube. In justice to the patient, no intubation case should be left without someone being within call who has sufficient skill to act in these emergencies; if this is not possible to arrange, an intubation should not be performed.

This brings us to the last point, what is the proper proceeding in country practice when the emergency arises? If the physician has not the necessary instruments and training to perform a laryngoscopy and suction or is unable to remain within easy access of the patient, resort must be had to the methods of the last century and a tracheotomy performed. This is a dangerous and disfiguring operation at best, with a high mortality, but is better than letting the child choke to death.

Mothercraft Training Centre

By GRACE G. BAIN, Toronto, Ontario

On February 1st, 1931, the first Mothercraft Training Centre in Canada was opened at 84 Wellesley Street, Toronto, with Miss Helen C. Satchell, of Christchurch, New Zealand, as superintendent.

For a number of years nurses had been watching with keen interest the work of Sir Truby King and his nurses in reducing the infant mortality rate in New Zealand to almost half of what it had been formerly, but it was not until the work was commenced in Toronto that it was fully understood what *Mothercraft* was going to mean to the mothers and babies of not only Toronto but, in time, all Canada. Starting as it did with one and then two mothers and their babies, the work has spread tremendously until at the present time the Centre is always full to its capacity and there are usually a number of mothers and babies anxiously waiting for a vacancy.

The teaching of *Mothercraft* is not confined to the Training Centre only, but an Out Patients' Department has developed very rapidly. A graduate nurse, with her Mothercraft training, is in charge of this branch of the work, going into the homes and teaching and helping the mothers with their many problems, holding clinics in different parts of the city, where the expectant mother and the nursing mother are both taught the technique and importance of breast feeding.

The Training Centre gives a four months' course to graduate nurses of accredited schools of nursing. The course is a great help and value to all branches of the nursing profession, whether the nurse is doing private duty with obstetrical cases or has charge of obstetrical wards in hospital or public health work, with or without bedside care, for the training covers very fully the antenatal care, the technique of breast feeding, the re-establishing of breast milk, the correct dieting of infants and young children, and the care and feeding of premature infants.

Since its commencement (or a period covering nine months) between ninety and one hundred mothers and babies have received care and training at the Centre. The time they spend there varies from one to six weeks, according to their condition on admission. When there is a keen desire on the part of the mother to breast-feed her baby, no matter what the difficulties may be, no mother has gone home without her baby being fully breast fed. Mothers with inverted nipples which had been considered hopeless have been satisfactorily worked out and the baby entirely on the breast when dismissed.

Twins are no novelty at the Centre: nearly always there is one pair and sometimes two. It has been thought that no mother could breast-feed two babies for any length of time, but with *Mothercraft* to help them their difficulties are overcome and the mothers are able to carry on the nursing period for six months at least. Little Harry and Harold came to the Centre when only two weeks old, partly breast and partly artificially fed. At the end of six weeks they were both fully breast fed, which the mother continued at home for nine months, when she attended the Out-Patients' Department to be taught how to have them correctly weaned.

The babies are admitted to the Centre at all ages, from a few hours old up to one year. As one looks around the bright and airy nursery, with its pretty chintz screens and comfortable wicker bassinettes, where the babies lie tucked up in their blankets, one knows that if they could talk they could all tell what *Mothercraft* has done for them. Here is little David, who came in when twelve hours old—a little premature weighing under four pounds. His mother was taught

to express her milk at home, and his father brought it in each day to the Centre. When David had attained the great weight of five pounds and was strong enough to go to the breast his mother came in to feed and care for him, and when he was entirely breast fed he was ready to go home.

Jimmy was a premature baby, operated on at five weeks for pyloric stenosis, had been artificially fed for two weeks previously, but following arrival at the Mothercraft Centre was put back on the breast. Later he became a flourishing breast-fed baby and could be allowed to go home. A pair of healthy, over-fed twin boys had been ruling their mother at home, tiring her out so that she was losing her milk supply; but after having *Mothercraft* for a few weeks both mother and babies learned to adjust themselves to regularity of feeding and sleeping and returned home happy and contented.

Mothers as well as nurses receive a training that could not be obtained elsewhere than at a Mothercraft Centre, which training will remain with them all their lives.

The slogan of the Mothercraft Society is, "To help the mothers and save the babies." With this thought in our minds we are assured that *Mothercraft* will be taking an important part in helping to reduce the maternal and infantile mortality in Canada.

The Age Factor in the Employment of Business and Professional Women

By M. ETHEL THORNTON, Winnipeg, Man.

From the report of the first International Convention of Professional and Business Women, I find that the problem of the older woman in business was discussed by Miss Lena Madesin Phillips, President of the International Federation of Business and Professional Women, who spoke of the situation in the United States, and is reported as having stated:

"That while age was no handicap to women in professions, it was a decided handicap to the women in business, where a woman seeking a position was considered old from the ages of thirty-five to forty, and too old to retain a position after the age of fifty. While insurance could be obtained, this was not a solution, as no able person should be retired from work at the age of fifty who still has many years of service to offer commercial and professional life of the community."

A report of an interview published in the American Academy of Political and Social Science, March, 1931, states:

It is believed the arbitrary age of forty-five will sooner or later be abolished — as age is simply not a matter of years, but is one of *adaptability, personality and capability.* This report assumes it is safe to say that a very large percentage who seek employment are not employable. Many want to choose work, some are discourteous, others are not adaptable. Many do not read, are not up-to-date in their own line; just drifting; frequently ages of forty-seven to fifty-five have neuritis, bad hearts or kidneys going bad; stomachs that require special food; not sick unto death nor in a condition for hospital —but past their prime of production —with minds out of the habit of studying and bodies neglected or abused, and these face the balance of life as they can, taking what they can get.

Brain Power Increases With Age

In an interview, published in one of the magazines, with Frank B. Robinson, Ph.D., Dean of the School of Business and Civic Administration

(Abridged from a paper read at the Second Annual Convention of The Canadian Federation of Business and Professional Women Clubs, Montreal, July 2-4, 1931.)

and Director of the evening sessions of the College of the City of New York, he first asks the question—Does the brain power increase with age? and then replies to his own question—"There is every reason to believe that it should."

He then presents these very remarkable facts about the mental ability of students from seventeen to seventy. In comparing youth with middle age, he finds there is hardly a subject in their curriculum that the average mature mind does not grasp with equal and even superior understanding.

As an example, he compares two individuals of equal intelligence, one of forty-five and the other of twenty, both in good health and with good habits—both free from hampering worries, and turns them loose on a new subject in which both are interested. He finds immediately that those of age and experience have all the advantage. The individuals between the ages of forty and sixty, who have ceased to hunt the moon, are normally at the height of intelligent judgment. If health, optimism and determination remain, they have a marked strategic advantage over immature youth.

He cites a recent test in a night school with students who work all day. The regular day student's average age was 19.2 years and in the first year's tests averaged 26.6 per cent. Despite the fact that these day students had all the advantage, the more mature night students, with the benefit of practical experience, out-stripped them emphatically—they averaged 80.3 per cent. marks, while the regular day students averaged only 70.5 per cent. This emphasizes the previous statement—that if health, optimism and determination remain, middle age has the advantage over immature youth. And surely anyone of middle age who has finished a fairly good day's work and undertaken a night course on any subject has at least courage and determination.

In a recent survey, a Director of Employment asked this question: As a physician, do you believe in barring men and women from employment on account of age? More than 85 per cent. answered in the negative and that no one should be allowed to discontinue work dependent upon ability to hold down a job and that no one should be rejected solely on account of age. No physician could say arbitrarily anyone was unfit for physical or mental work because of a certain age. It is a far better investment to repair men than machinery. More than 1600 firms in Pennsylvania have lifted the age ban from employment. It would seem that fitness for a position is the key-note of securing and keeping one. The New Republic, June, 1929, gives this example:

An advertisement—put in one of the papers read, "Help Wanted—Female, under forty, some nursing training preferred, intelligently fond of children, to take full charge of five-room apartment for busy woman editor, partial care of two children six and eight, both in school. Private room, $80.00 per month." Eighty-six replies were received, thin and thick, clean and messy, pencilled, typed and penned on pink, blue, white, lavender, gray, beige, black bordered and orchid stationery. From that bundle of letters a sharp picture of the middle aged woman who, after years of security and content finds herself among the desperate, semi-skilled, that clog the market. One applicant said: "I know I am older than you want, but I was afraid you would not see me if I mentioned it and I must find a place soon;" the husband was dead, no insurance, plainly unequal to such emergencies as croupy children, clogged sink or marketing on a stormy day. Age not the problem in this case.

Out of the eighty-six applicants, fifty had had their own homes but never had the inclination or capacity to put aside their own problems and concentrate on a wage earning job; others were trained women discarded

because they were too old. Some managers state they do not want to employ those over even forty as they are afraid of becoming an old folks home. They say they want style and young people; the notion also seems to prevail that young people can be hired cheaper, are more adaptable, more amenable and more even tempered.

One firm, afraid of over-loading its organisation with workers who are paid more than their services are actually worth, adopted a plan which has three distinguishing characters: considering individually each older employee to determine the actual working capacity; keeping each in the best physical condition possible under the circumstances; so arranging the work that each is physically able to use the large experience which she had gained during her productive years.

The National Association of Manufacturers maintain that the charge that older workers are discriminated against is grossly exaggerated and in many instances untrue, yet the figures in 1923 show a larger percentage working over forty years of age and under fifty and still a greater increase in 1928—but from that age on a very sad decrease of these employed.

Their summary is as follows:

Percentage of all workers	1923	1928
Over 40 years	31.88	33.74
" 50 "	14.49	15.03
" 60 "	4.65	4.92
" 70 "	.74	.87

A State Industrial Relations Department has an interesting report:

1. Arbitrary discharge of workers because of age, regardless of fitness, becoming a general policy.

2. Not age, but experience and capacity and willingness to learn, is important in selecting and retaining employees.

3. Success comes to people *after* forty, for seldom does mature judgment arrive before then.

4. Discrimination against older workers—a confession of inefficient, unwholesome and poor management.

5. Men and women over forty are doing the most important work of the world.

6. Older employees exercise a steadying and helpful influence upon younger employees.

7. Monotonous clerical work is suited to the placidity of middle-aged women.

8. Older women workers are not more troubled by illness than younger women.

I sincerely regret with the very short notice received to prepare any remarks on this important subject I was only able to secure data and statistics of some previous years, but I was able to get an expression of opinion from a member of our Winnipeg club, who is in the position of selecting employees for a large departmental store in our city. With such experience, covering over a number of years, she has forwarded me the following information:

Present conditions are affecting two classes very much in excess of others, namely, those just out of school with little or no experience, and those older women both with and without experience. Dealing with the first group—from the standpoint of office and general business—the closing of many offices (brokerage and grain as well as others through failure and amalgamation) has given firms wanting office help the opportunity to secure those with experience to fill their vacancies. There is not sufficient demand to place all of these experienced people, so that even junior positions are accepted by those qualified for better positions due to financial stress. This condition leaves the students just through with their course with little hope of work. Reduction of staff due to lack of business is also a cause for this condition, as even temporary work is taken by those who have been laid off. Older women with experience have, in many cases, worked up to a position unique with the firm employing them, then in a depression like this they find themselves without work and their previous experience of

little or no help in securing further employment.

Today the trend of our times has brought younger men to the fore in positions of responsibility (the war of course played its part here). These men find it more satisfactory to have women younger than themselves working for them. This is to the disadvantage of the older woman. Older women trained and experienced, i.e.: the teaching profession, who either are forced or wish to change to another occupation after perhaps thirty-five or forty years of age, find it rather hopeless unless they are outstandingly clever in some line and can secure a foot-hold in order to prove their worth. Such changes are almost out of the question today.

There is no doubt that the industrial individual of forty-five years of age and over, under present industrial conditions, is up against a very hard proposition. When business conditions are anywhere near normal chances for securing employment are fairly good, providing of course, one is physically fit, but chances for securing work especially in subnormal times are only possible, or at least very much better, if one has special training. Statistics prove that a woman of forty or fifty is a better workman than a younger one; more dependable and comes more nearly maintaining the average production than younger blood. Loyalty to a firm gets a sad set-back when the age question is brought in, for who can be loyal to any firm with a policy that classes a woman as undesirable when physically and mentally sound? Do we still cling to the "Camel" theory of education? By drinking deeply at the fountain of knowledge in school and college do we consider ourselves stocked up for life, or having learned a business or profession do we think we can coast? If so, then these are the people who never rise above mediocrity and frequently have no position after forty. Almost without exception, those who have achieved success in industrial life or in the arts and sciences are more eager and effective students at forty-five and fifty than in the old school days. On the other hand, many with plenty of promise wither on the branch of middle age because they follow the camel theory; some are victims of the general delusion that after thirty-five and forty the mind is not capable of grasping new subjects with the clearness of youth. It is for the want of mental curiosity, attention, careful and comprehensive judgment, sound moral purpose, that most fail to develop during adult life in their mental powers. Many minds not only make vast acquisitions but also experience a large unfolding of mental capacities during the period of middle life. If the mature fail to keep pace with youth, it is usually due less to lack of power than to weakness of will, the propensity to settle back in a rut, to let hampering responsibilities dull initiative and to slack up in carrying out a vision.

It seems imperative also that it should be brought home to the younger groups that notwithstanding the good times and fun, they cannot expect society to take care of them if health is ruined, mental training neglected, and they fail to appreciate their responsibilities for the future.

Too much cannot be said about the need for personal development—for some conception of a way to get along socially. A great many failures are due to personal peculiarities, rather than a lack of knowledge.

With the foregoing opinions of those in positions of authority and the statistics quoted from surveys made, just what are we to do in middle life or the peppermint years, as some one has so aptly expressed it?

I think we might have at least three very definite conclusions:

First—To keep physically fit.

Second—To keep mentally fit.

Third—To provide for our declining years by some means of insurance or savings.

Canadian Nurses Association
Tentative Programme, Biennial Meeting

SAINT JOHN, NEW BRUNSWICK, JUNE 21-25, 1932

MONDAY, JUNE 20TH

2 p.m. Meeting of Executive Committee.

TUESDAY, JUNE 21ST

9.30–12.00 GENERAL BUSINESS.
Reports of Standing Committees.

2.00– 4.30 PRESIDENTIAL ADDRESS.
Reports of Special Committees.
Reports of Provincial Associations.

EVENING ADDRESSES OF WELCOME.
ADDRESS: "The Public and the Survey Report."—The Hon. Vincent Massey, LL.D.

WEDNESDAY, JUNE 22ND

9.30–12.00 GENERAL SESSION—A Consideration of Selected Recommendations of the Survey Report.
General Topic: "The Approved Training School."

9.30–9.50 Introduced by Miss E. Kathleen Russell, Director, Department of Public Health Nursing, University of Toronto, and Nurse Member of the Joint Study Committee, Survey of Nursing Education in Canada.

Sub-Topics:

9.50–10.00 (*a*) "The Superintendent and Staff Nurse, the Instructors, Nursing and Medical"—Miss M. K. Holt, Superintendent of School for Nurses, Montreal General Hospital.

10.00–10.10 (*b*) "The Entrance Requirements"—Rev. Mother Ignatius, Superintendent of School for Nurses, Antigonish, N.S.

10.10–10.20 (*c*) "Number of Beds, the Curriculum, Supervision and Inspection"—Miss G. L. Rowan, Superintendent, Grace Hospital, Toronto, Ont.

10.20–10.30 (*d*) "Registration Acts"—Miss E. MacP. Dickson, Superintendent of School for Nurses, Toronto Hospital for Consumptives, Weston, Ont.

10.30–12.00 General Discussion—Concluded by a general summary and the presentation of related resolutions by Miss E. K. Russell.

2.00– 4.30 GENERAL SESSION—A Consideration of Selected Recommendations of the Survey Report.
General Topic: "The Cost Analysis of Nursing Education."

2.00– 2.20 Introduced by Miss Jean I. Gunn, Superintendent of School for Nurses, Toronto General Hospital, Toronto, and Nurse Member of Joint Study Committee, Survey of Nursing Education in Canada.

Sub-Topics:

2.20– 2.30 (*a*) "The Cost of the Student Nurse to the Hospital"—Miss M. McKee, Superintendent, General Hospital, Brantford, Ont.

2.30– 2.40 (*b*) "The Comparative Cost of Student and Graduate Nurse"—Miss G. Fairley, Superintendent of School for Nurses General Hospital, Vancouver, B.C.

2.40– 2.50 (*c*) "The Budget System"—Miss H. S. Buck, Superintendent, Sherbrooke Hospital, Sherbrooke, Que.

2.50– 3.00 (*d*) "Financial Aid from Government for Nursing Education"—Miss R. Simpson, Director of Public Health Nursing, Provincial Department of Health, Regina, Sask.

3.00– 4.30 General Discussion—Concluded by a general summary and the presentation of related resolutions by Miss Jean I. Gunn.

EVENING

7.00 P.M. DINNER.

ADDRESS: "The Scientist and the Survey Report"—Professor Roy Fraser, Mount Allison University, New Brunswick.

THURSDAY, JUNE 23RD

9.30–12.00 THE CANADIAN NURSE.—A discussion of related reports and other business.

NEW BUSINESS.

2.00– 4.00 SECTION MEETINGS:
Nursing Education.
Private Duty.
Public Health.

4.00 P.M. Hospitality tendered by New Brunswick Nurses.

FRIDAY, JUNE 24TH

9.30–12.00 SECTION MEETINGS:
Nursing Education.
Private Duty.
Public Health.

2.00– 4.30 GENERAL SESSION—A consideration of selected recommendations of the Survey Report.

General Topic: "The Distribution of Nursing Service."

2.00– 2.20 Introduced by Miss Jean E. Browne, Director of Junior Red Cross for Canada, and Nurse Member of Joint Study Committee, Survey of Nursing Education in Canada.

Sub-Topics:

2.20– 2.35 (*a*) "Supply and Demand"—:
"1. The Unemployment of Nurses.
"2. The Reduction of Supply of Nurses.
"3. Increase in Demand for Nurses."
Miss K. Ellis, Superintendent of School for Nurses, General Hospital, Winnipeg, Man.

2.35– 2.45 (*b*) "Socialised Nursing"—Miss E. K. Connor, Director of Health Education, Normal School, Edmonton, Alta.

2.45– 2.55 (*c*) "Dominion Bureau of Nursing"—Miss A. J. MacMaster, Superintendent of School for Nurses, Moncton, N.B.

2.55– 4.30 General Discussion—Concluded by a general summary and the presentation of related resolutions by Miss Jean E. Browne.

EVENING ADDRESSES:
(1) "The Medical Profession and the Survey Report"—Dr. G. Stewart Cameron, Chairman, Joint Study Committee, Survey of Nursing Education in Canada.
(2) "The Educationist and the Survey Report"—Professor F. Clarke, McGill University, Montreal.

SATURDAY, JUNE 25TH

9.30–12.00 REPORTS OF SECTIONS—Activities throughout the year and findings of the sessions.
Report of Resolutions Committee.
Election of Officers.

2.00– 4.00 Meeting of Executive Committee.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss MILDRED REID, 10 Elenora Apts., Winnipeg, Man.

Arranging a Teaching Schedule in a School for Nurses with only One Instructor

By EDITH G. YOUNG, Instructor of Nurses, Nicholls Hospital, Peterborough, Ontario

At the outset, one must realise that while there are certain definite principles to be complied with in arranging a teaching schedule in a school for nurses, there are also individual problems which require careful study.

In attempting a discussion of this subject, it seemed to me that a resumé of the methods employed in one definite situation might prove of greater interest than a general survey of various programmes. Therefore I shall attempt to explain the system used in our school.

As I was the first full-time instructor in the school, averaging from thirty to forty students, my programme necessarily passed through many stages of experimentation before it finally evolved as a feasible and practical schedule which would meet the needs of our school and hospital.

In planning lecture hours, there is much to be considered in order not to interfere with the efficient and smooth running of the various departments: the wards must not be depleted during busy hours, such as the morning and evening toilet of patients, doctors' rounds, meal hours, etc. Then, too, the hour assigned for lectures must not conflict with the lecturer's office hours. Evening classes are not permitted except when it is impossible to secure the services of the lecturer during the day. When it can be arranged, lecture hours are given outside of recreation hours.

The preliminary class, consisting of from ten to sixteen students, is received twice during the year—September and March. The term is of four months' duration.

During the first month, the students spend all their time in the classroom, with the exception of a general survey of the various departments of the hospital and follow-up work in the practice of the most elementary nursing procedures, such as dusting, bedmaking, carrying of trays, care of bathrooms, etc. They are not scheduled in any department for any specified time. The class periods begin at 8 a.m. and end at 4.30 p.m., ten minutes' recreation between each period, with one and a half hours for lunch, making in all a six-hour day. At least one hour of this time is allotted to study or practice. As this first month is necessarily one of readjustment for the students, I have found it necessary to introduce new material very slowly and make frequent repetitions.

During the second and third months, the students are definitely scheduled for duty in the medical public wards—from 7-9 a.m. and 4-7

p.m. They have a half day on Saturday and four hours on Sunday. In the intermediary period between 9 a.m. and 4 p.m. they have four hours theory and demonstration. Whenever possible the students are taken on the wards for practise in the various procedures immediately following the practical demonstration. No student is allowed to carry out any procedure on the ward for the first time without supervision of the instructor or graduate ward supervisor.

During the fourth month they have one hour class daily and two hours' recreation; the remainder of the time on ward duty. Two weeks is the usual period assigned for each student in the various departments—medical, surgical, dressing-room, diet kitchen. During this month they have entire responsibility for two convalescent patients, including charting, and special attention is given to observation of their ability to give practical application to their earlier instruction.

The supervisor in each department presents a written record of each student at the end of her term of service.

I arrange the preliminary schedule so that I may be free to be in attendance at all other classes if possible.

In the junior term the spring section of the class receives three hours' lecture weekly from the instructor in the period between September 15th and June 1st; the fall session, one hour daily from December until June. Thus at the end of the term each section, in addition, has covered the curriculum for that year. The doctors' lectures for the junior year are given in the afternoon from 4-5 p.m. or 5-6 p.m. These do not begin until November. Both sections attend the lectures. In the second year, an average of 4-5 hours and in the third year 3-4 hours' lectures are given weekly.

At the beginning of the academic term, September the first, a schedule of lectures is prepared under the following headings:

Subject	Number of Lectures	Hour	Day	Dates	Lecturer

The arrangement of subjects is fixed as far as possible with the subjects in proper sequence and with relation to ward assignments. As the lectures are not repeated during the term, it is necessary for the entire class to attend, and considerable attention has to be given to the assignment of students in the various services. The schedule is then submitted to the various lecturers, who almost without exception are willing to co-operate. As far as possible the lecturers are given the same day and same hour each year for their lectures. Each lecturer is allotted two extra periods, as occasionally his practice demands his service at class periods. In this way, there is no overlapping of the schedule.

The total number of lecture hours during the three years is 625.

The school has a small library to which students have access at definite hours. Students are encouraged to do as much reference reading as their time permits.

So far it has not been possible to arrange any definite social or athletic activities, but it is hoped that in the near future this may form part of our programme.

One of the greatest problems in the small school is that of attempting to instruct in the same class students with various degrees of preliminary education, ranging from the minimum of two years high school to those with normal training.

In reviewing the general scheme of instruction in the smaller schools, it might seem at a glance that to be deprived of association with the higher institutions of learning, with their more systematic scheme of organisation, is much to be deplored, but, on the other hand, one must realise that the majority of the students in smaller schools are derived from the community and adjacent districts and therefore understand its modes, its customs and institutions, and are in a position to fulfill very satisfactorily the specific needs of their own community.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

Lobar Pneumonia

By EVELYN McTAVISH, McKellar General Hospital, Fort William, Ont.

Lobar pneumonia is an acute, infectious disease due to the pneumococcus, characterized by inflammation of a lobe or lobes of the lung, toxemia and fever. Of the acute fevers it is one of the most common and the most fatal of all. The pneumococcus is a typical diplococcus; it is encapsulated, non-motile, and does not form spores. The capsule is well-developed in virulent strains and may be scant or absent in less virulent types, therefore it is believed that the capsule is a means of protection for the organism and may be an index of virulence of the strain. The pneumococcus is differentiated into four definite types. The usual case seen belongs to types 1 and 2. Type 3 organism causes the highest percentage of mortality and has the best developed capsule of all, while type 4 has a poorly developed capsule and is the causative agent in the mildest cases of pneumonia. Also it is the variety found in buccal secretions of normal individuals. The pneumococcus forms an endotoxin, i.e., a toxin within the organism, and this toxin is liberated on disintegration of the organism, producing the toxemia found in pneumonia.

Pneumonia occurs most frequently in winter and early spring. The disease occurs at all ages, but is greatest between twelve and thirty-five years and is about twice as common in the male as the female, due to environmental conditions and to different degrees of exposure; the aged and alcoholics are also prone. Bad ventilation, dark rooms and over-crowding increase the incidence of the disease, while lowered resistance by such diseases as diabetes, erysipelas, nephritis and typhoid are also predisposing causes.

The pathological processes are divided into a stage of engorgement, red hepatization, gray hepatization and resolution. These changes develop in a continuous sequence and are not distinct or different processes. In the stage of engorgement the pulmonary capillaries become very congested, the alveolar epithelium is swollen and some blood plasma enters into the alveolar spaces. This stage lasts only a few hours before red hepatization begins. In this stage the air cells become filled with an inflammatory exudate rich in fibrin and red blood cells. On cross section the lobe of the lung looks red, is very solid and heavy and has the appearance of liver. In the third stage the red cells disintegrate and their place is taken by leucocytes which migrate from the capillaries into the alveoli and on cross-section the lung is grayish in colour. The fourth stage, or resolution, begins after the crisis. The leucocytes disintegrate and in doing so a ferment is liberated which acts on the blood clot and liquefies it. Most of the liquefied exudate is absorbed by the blood stream and eliminated by the kidneys. A very small amount is expectorated.

The real danger in pneumonia is not from plugging of the alveoli by the exudate, nor from the germs directly, but from the toxin of these germs. It is this toxin which produces the toxemia and accounts for the fever, increase in pulse and respiration,

dyspnoea, etc. The fact that one or two lobes may be involved does not account for these symptoms, for it is a well-known fact that tuberculous individuals with one lung collapsed and not functioning do not have them.

Little is known of the incubation period, but it is probably very short. The onset is usually sudden, beginning with a severe chill lasting from one-half to one hour. The chill subsides and a sensation of unbearable heat comes on. The skin and mucous membranes, which were pale during the rigor, become flushed and red. Throbbing headache, torpor or delirium may appear. The temperature rises to 104° or 105° F., and vomiting is frequent. Intense pain in the axillary region is often present, due to an accompanying pleurisy. The cough at first is dry, hacking, frequent and painful, but later, during the stage of red hepatization, becomes productive. The expectoration is blood-stained and is known as rusty sputum, due to its appearance. It is very tenacious and sticks to the lips. Later, if the sputum becomes prune-coloured, it is a bad sign, suggesting the breaking down of lung tissue.

On the second or third day the typical picture in pneumonia is presented. The patient lies flat in bed or on the affected side, the face is flushed, sometimes unilaterally, the breathing rapid and difficult and often accompanied by a short, expiratory grunt. The eyes are bright, the look anxious, and the nostrils dilate with each inspiration. The tongue is coated and herpes may appear around the mouth or nose. The temperature is still 103° to 105° F., and there is very little daily variation. The pulse is rapid, full and bounding. Cyanosis may be present, but is not usually until later, when the heart may become affected. Constipation is usual and the urine is highly coloured, frequently containing albumin and casts. A blood count shows a leucocytosis, a high count indicating a favourable prognosis. The polymorphonuclear leucocytes comprise 90% to 95% of all the white cells, while normally they comprise 72%. A positive blood culture is often obtained.

The crisis may occur any time from the third to the tenth day. The temperature suddenly falls and may reach normal in twelve hours. If it drops to normal within twenty-four hours it is known as a protracted crisis. If longer, it is known as lysis. The patient seems for a time to be getting worse but then improves. Beads of perspiration appear on the face and then cover the whole body. Respiration is easier, slower and less laboured. Cough is less, cyanosis disappears and the patient passes from a state of extreme illness to one of comparative well-being. In very severe cases the crisis fails to develop. Dyspnoea and cyanosis increase. The temperature continues high, the pulse becomes more rapid and weaker. The patient becomes comatose and, often, dies.

After the crisis the consolidated lung usually resolves rapidly but sometimes may take as long as six weeks and is then known as delayed resolution.

Complications are empyema, pericarditis, endocarditis, arthritis, lung abscess (infrequently in lobar pneumonia), also meningitis and otitis media, especially in children.

Good nursing care is extremely important in all cases of pneumonia. The patient should be put to bed in a bright, quiet, well ventilated room if possible. Drafts should be avoided. Absolute rest is essential. He should not be allowed to feed or wash himself or to exert himself in any way, as increased strain on the heart may lessen his chances of recovery. Visitors should be limited. Frequent cleansing of the mouth, nose and lips is necessary, also the application of a lubricant. Fever should be treated by the use of tepid water or alcohol sponges. Temperature, pulse and respiration should be taken and charted every four hours. Note should be made of amount of rest, dyspnoea, amount and character of the sputum, amount of fluid intake, etc., as well as any untoward symptoms such as cyanosis, weakening and irregularity of the pulse, distention

Institute of Public Health
Faculty of Public Health of the
University of western Ontario
LONDON - CANADA

of the abdomen, and should be reported immediately to the doctor in charge of the case. The bowels should be kept open by the use of enemata. Dyspnoea can sometimes be alleviated by elevation of the head and shoulders on pillows. Headache will be lessened by the application of an ice cap.

Proper nourishment is of considerable importance. Milk should form the basis of the diet, with an abundance of water, fruit drinks such as orange, lemon and grape juice; broths, gruel and egg in the form of egg-nog, albuminized broth or fruit drinks. Soda water or lime water added to fruit or milk drinks will at times overcome a tendency to nausea. Carbohydrates should be used sparingly, due to the danger of producing tympanites. If tympanites develops, feedings should be stopped for a few hours so that the beneficial effects of stupes and other remedial measures may be attained. Sugar and milk (unless peptonized) are better left out of the diet for a time when feedings are resumed. Feedings should be of from four to eight ounces at two-hourly intervals during the day and four to six hours during the night, with water and fruit drinks ad lib between feedings. As the acute symptoms subside the diet should be gradually increased, first with custards, jellies, junket, soft-cooked egg, etc. Meat should not be included until convalescence is well-established.

Specific treatment is ordered by the physician. Pain is relieved by the application of heat or cold. Diathermy is frequently used in hospital cases. Digitalis is usually given. Brandy is often used as a stimulant, while strychnine, camphor-in-oil, or caffeine sodium-benzoate are given when rapid, transient stimulation is desired. For frequent, unproductive cough, codeine or potassium citrate is sometimes used. Abdominal distention is treated by enemata, turpentine stupes, inserting rectal catheter, pituitrin or physostigmine. At the present time only types 1 and 2 are treated by the use of serums.

During convalescence an abundance of fresh air and sunshine, rest and nourishing food are essential.

Preventive treatment consists in proper disposal of buccal secretions, linen, etc. Spray from the mouth in coughing or sneezing is infective four to five feet away from the patient. Avoidance of exposure when over-fatigued and also over-crowding should be avoided. It was found in the Panama Canal Zone that placing men in huts in small numbers rather than closely together in bunks decreased the number affected with the disease. Vaccine has been found of value as a preventive, but its use is not general as yet.

It takes ten thousand kilos of rose petals to make one kilo of attar of roses. Which reminds us that not only for this rare perfume does it take much to make little, but if the fragrance of living is to endure, ten thousand kilos of idealism will make but one kilo of human progress. We need to remember this when the steel of our good courage tends to lose its temper.

JOHN C. WINGELL.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section.
MARY F. CAMPBELL, 344 Gottingen Street, Halifax, N.S.

Trends in Health Education in Elementary Schools

By RAE CHITTICK, B.Sc., Reg.N., Instructor, Provincial Normal School, Calgary, Alta.

Probably no other subject on the school curriculum has gone through a more rapid metamorphosis in the last few years than that of health education. The rebirth of health education came following the world war, partly because of the enormous number of physical defects discovered through military examinations; partly due to health impairment, especially that of children in war ravished districts; also because of war-time organisations turning their attention from caring for the sick to prevention of illness and public health problems.

In its previous existence, hygiene and health had disgraced itself—becoming a dark, fearsome subject that talked of multitudinous bones, auricles and ventricles, and the degenerative effects of alcohol and tobacco. It is no wonder that to teachers and pupils it became a tedious affair, which was gladly thrown into the discard for something more cheerful.

Its revival came with a somewhat overwhelming rush—health became popular. It was urged on by insurance companies, soap manufacturers, cereal companies and canning concerns. With so much attention focused on health, it again returned to the schools. This time it appeared no longer under the name which implied so much distaste, but under a newer title, Health Education. Remembering its disfavour in former years, educators were determined that it should not be a dry-as-dust textbook subject recounting facts of physiology and horrors of disease. It must come alive and be made to function in the lives of the children. In the great effort to accomplish this, to make it interesting and avoid the pitfalls of former years, it took on a sort of jazz movement. Stories and rhymes and dramatisations embellished the presentation; three-headed monsters, funny goohoolies, dwarfs, fairies, and grimyjoes took on responsibilities for children's health. Children became cannibals and ate Fanny Fat, Patrick Protein and Minnie Mineral Water. This treatment of the subject had its good points—posters, pictures and charts did arouse some enthusiasm—stories did break the monotony, no matter how unscientific they were.

Yet after all it was poor pedagogy. If a subject is intrinsically interesting it should not have to be made interesting. Why then did it need such ornamentation to create enthusiasm? In its earlier form, one of the reasons given for the failure of hygiene was the overloading of scientific material. It was then assumed that if children knew the reasons for certain things, habits would naturally follow. This assumption proved erroneous. Now, with its rebirth, the trend was away from reasons—try to develop the habit without explaining why—make it seem the thing to do, because brownies or fairies say so. Many a pedagogical crime has been committed in this great effort to put health over in this "interesting" fashion.

The story is told of a little girl who was taught that magic elves worked in her mouth and in her stomach, and when she ate her meals these little people set to work and did wonderful things to digest her food. Therefore,

she must be careful not to overwork these magic helpers. The sensitive child spent hours in front of a mirror, peering under her tongue and around her teeth in a desperate attempt to catch sight of one of the workers. She worried over the things she ate, and a fear grew on her of these strange people working away so secretly. The child developed a nervous condition that kept her out of school for several weeks. This, of course, seems extreme. Fortunately, most children promptly forget all about these willing workers who are supposed to inhabit their bodies, and of the fairies who take such a kindly interest in their health habits.

Added to this type of health teaching came drives for one hundred per cent. correction of physical defects, which developed into blue ribbon and gold star competitive campaigns. Such pressure brought to bear on the child led to hyperconsciousness of health, so that this new health education programme seemed headed for rocks sharper and more dangerous than those that ended the life of physiology and hygiene. Fortunately, however, health education seems to be developing a saner course, and an ignominious retreat from the curriculum has been prevented.

There first came the idea of correlation, making health a part of the other subjects on the course of study —history, geography, science, etc. This was a step in the right direction, although with this movement came many far-fetched correlations of a fantastic character. Health education was wedged in wherever possible, or the teacher made a valiant effort to teach art or English or history along with her health instruction, in order to make the best use of the time and also to overcome the danger of making the child health conscious. Following this correlation movement comes the more modern trend of dropping subject matter divisions and grouping work around topics or units of study. With this tendency health education is taking a natural, rightful place, needing no embellishments to put it across or other subjects attached to make it more worthwhile. The unit system seems to have proven its worth and is probably here to stay. The breaking of trends of thought and the pigeon-holing of children's interests into subject matter fragments by time-table divisions seem to be going into the discard.

Units of study mean different things to different people, and all types of units do not lend themselves to health instruction. I cannot go into the construction of units of study here, but if the reader is interested would refer her to an excellent bulletin on this topic published by the State Superintendent of Public Instruction, Pierre, South Dakota.

Two types of units, however, I should like to mention:

(1) A unit centred around a worthwhile, purposeful project and allowed to develop into whatever subject matter it will. The project might be to study how the Panama Canal was built, and in such an undertaking would come a wealth of material on science, history, geography, and community health. It might be to decide how a hot lunch could be served in the school at noon. With it would come composition in the form of letters to parents and school board, arithmetic in computing the cost, drawing in designing a cupboard, lessons in food values, etc. It might be to undertake the equipment of the school yard with suitable play materials; or the study of the life of the Eskimos, with emphasis on the adjustment they have made to their environment regarding homes, clothing, food, industries, etc. This type of unit works out exceptionally well in ungraded schools, as each class undertakes some part of the study which most interests that particular age level, and the whole is assembled to make a completed project.

(2) The Theme or Generalisation Unit: In this type of unit the teacher chooses a pivotal issue, the understanding of which would be most

valuable for the individual and society. The theme, "Man is constantly increasing his control over his environment to improve his living conditions," could be admirably developed through a study of pioneer life in relation to modern life. Here in Alberta, under our present course of study, such a unit could be very well developed in grade V, where they make a study of the exploration and settlement of the North-West. So many vital health problems come up in such a study—the food problem: salting, drying and preserving foods compared to modern methods of canning; making bread today compared to pioneer methods; advantages and disadvantages of modern milling of grains; danger of scurvy in pioneer days, danger of over-refinement at present; the housing problem: small, crowded homes; windows of oiled paper; difficulties in heating and ventilation; the care of the sick; few doctors and practically no skilled attendants; the development of household remedies and certain superstitions; high infant mortality rate, etc.

Such units integrate health with the other work of the school day. They form an intrinsic part of the topic itself and a very worthwhile part. Children see their exact relation and there is no enforcement of related facts. This does not mean, of course, that health is not taught outside a unit. Problems for direct health teaching arise in the school room every day, and these opportunities must not be lost. The great obstacle now to such teaching is the rigidity of our present courses of study, which does not allow teachers to consider pupil interests, but definitely states that certain material must be covered in each grade.

I seem to have saved the most important type of health instruction to mention last. Possibly, the best type of health teaching comes through the creation of the proper environment: an environment where health comes as a matter of course, where actual formal health instruction is almost superfluous. If a child has an opportunity to live healthfully through the school day, seldom does he need formal instruction. If there is a clean basin and warm water, soap and towels, he usually likes to wash his hands. If the toilet is comfortable he goes regularly. If his seat is adjusted properly he tends to sit straight. Then the teacher asks, "What about his home habits?" And here comes formal instruction in an attempt to educate the parents through the child. This is a questionable procedure, yet one knows not where to begin as these children are the parents of the future. One begins to wonder how much transfer there will be from formal health instruction at school to the homes of the future. Possibly it remains to be seen. Yet I think the criticism still holds good: there is too much preaching on health habits and not sufficient time and thought placed on the creating of a favourable environment, which the child accepts as a matter of course. As Wm. McDougall states in his book, "Character and Conduct of Life," "In order that children shall practice virtuous habits it is not necessary to name these virtues, nor denounce the opposites."

Summing up the trends in modern health education, I should say, then, that there are three important movements:

(1) Less stress on the formal teaching of health habits and more on creating a favourable environment where the child has an opportunity to live healthfully throughout the school day.

(2) Teaching focused around a project or pivotal theme, with the integration of all subjects, including health.

(3) The tendency to have children face facts, giving them scientific reasons to the utmost of their understanding in an effort to develop a critical attitude toward information. Overstreet has so well stated it, "Not so much a knowledge of facts as an attitude toward facts—an attitude which refuses all substitutes."

Excerpts from News Letter, December, 1931, Department of Public Health Nursing, Manitoba

DAUPHIN.—"I attended a meeting of the School Board with a request that general vaccination throughout the schools be proceeded with. It is five years since this was done, and the result is that the first five grades at the present time are mostly unvaccinated. The School Board endorsed the proposal to have the children vaccinated, but could not afford to have vaccination done at their expense.

"It has therefore been arranged by the health officer to vaccinate all children whose parents desire it at a charge of fifty cents, on a special day, at the Child Welfare Station.

"A very appreciative letter from the Executive of the North-Western Teachers' Association has been received regarding the assistance given by the public health nurse at their convention."

ETHELBERT.—"On arriving here I settled the question of conveyance by renting a horse and buggy from the hospital, and started forth wondering just how I was going to get along. Not being previously acquainted with a horse I felt rather dubious of the drive. However, even though Teddy (the horse) proved very modern and rather flighty at times, we kept to the road, and I gradually realised which side one should drive from. Before the week was out I found that I could turn around in a little less space than a five-acre field!"

NORWOOD.—"Since October, 1930, the public school teachers have contributed a portion of their salary each month, and have given it to the public health nurse to use for social service work as she thought best. In all, to date, they have given seventy-two dollars and twelve cents ($72.12). By this means food, clothing, dental care, school books for needy children have been given, and some attention also to children in hospital. This practical help from the teachers has been much appreciated and enabled the nurse to give help where otherwise she would not have been able to do so."

"At Morden School I found no washing facilities. I interviewed the chairman of the School Board, who visited the school next morning and gave instruction to the janitor to provide basins, paper towels and soap—one for boys and one for girls, also one for the teachers. This splendid co-operation was greatly appreciated.

"The Board of Trade, Morden, have been trying to procure a room for a Child Welfare Station, but so far without success. Going through the school at Morden I found the library room not in use, and immediately thought of the Welfare Station. I lost no time in interviewing the chairman of the School Board and explaining my mission. He said it would be taken up at the next meeting next week. Then I interviewed each member of the board. At the meeting held the following week, it was decided to allow the library to be used for a Child Welfare Station."

WOODLANDS. — "'The Manitoba Child' is greatly appreciated by mothers in the district; in fact, many of them had written to the department asking for the book before I visited the remote parts of the community this spring.

"I used 'The Manitoba Child' as a text book in giving a group of 'teen-age girls instruction in the care of a pre-school child, so that they may qualify for the Girl Guides' 'Child Nurse Pin.'"

"Excellent publicity in health work has been given by Miss —— in the various stores of St. Vital by means of a window display to promote interest in diphtheria immunisation.

"Miss —— obtained a poster set-up from headquarters, and used small posters (that were made in the schools) to add to the local interest."

SHELL RIVER.—"Last June there was on the list of absentees from —— School, the name of a child who seldom stays away, so I visited him at home. He was ill, complaining of a slight sore throat. There was a small, white patch on one tonsil, and he had some temperature. It looked like tonsillitis, and he had had diphtheria four years ago; but I took a swab, and reported to the health officer. The report on the swab was positive for diphtheria. That same week the Child Study Group had a meeting, the topic for discussion being "The Sick Child," and I was to lead the discussion. The outline for this discussion dealt mainly with contagious diseases, so it seemed the ideal time to discuss toxoid. We did, quite thoroughly, and ended in a decision to try and have a toxoid clinic in ——. I consulted the health officer the next day, and he, of course, was only too glad to give his co-operation. Then in the classrooms at school I explained what we were trying to do and why. After a conversation with a mother of a grade II child, as 'Will you please put my children's names on the list for toxoid? I really do not want them to have it now, as they had serum for scarlet fever last fall, but my oldest girl insists,' I decided I had some real promoters for the clinic in the lower grades. We hoped to have fifty children at the clinic, but we had one hundred and sixty-five children and adults treated. The child who had diphtheria seems quite all right (we found he was sitting beside a carrier at school), and we have no new cases, and there will be a number of children immune in a short time. Last but not least it may stir up the councillors, so that we can get all the children done in the fall. At present they do not want the extra expense.

"The teachers and pupils of —— School have a visitors' day once a month, when they entertain with a short programme, and the teacher asked me to visit the school and stay for the programme for this occasion. At three o'clock the visitors arrived —nearly all the women in the district came; some walked three miles. The programme which the children gave was very enjoyable. Most of the items were on health, and I gave a short paper on 'The Pre-school Child' to the mothers. As there is no women's organisation in this district, they seem to appreciate this opportunity to discuss their work and plans while they enjoy a cup of tea at the end of the programme. This seems to me to be an idea which could be worked out in most rural schools. It gave me an opportunity of talking to those mothers which I would not have had otherwise. This, I hope, will prove a solution to one of my many problems, which is that of meeting the mothers living in —— municipality, where I work only two days each month, and that, of course, does not allow time to do any home visiting."

From British Columbia

Through the efforts of our Nursing Service and through the contacts which we are making in other directions with the local organisations in all parts of the province, we have established the Provincial Board of Health in a very different position to what it was five years ago. We are accepted now as presenting to the public policies that have been demonstrated to such an extent that there is no doubt in the minds of the public of the benefits that will accrue provided they follow out the directions of the Provincial Board and back us up in our endeavour to procure further encouragement from the powers-that-be in the different municipalities and out-lying districts.

Dr. H. E. YOUNG,
Provincial Health Officer for British Columbia.

Thirty-fifth Report of the Provincial Board of Health.

*Florence Nightingale—A Review**

Reviewed by MARGARET ISABEL LAWRENCE, Toronto, Ont.

A woman with a lamp in her hand, walking the long walk of the barracks hospital, down one row, up another, along still another—four miles of beds, in the winter nights of the Crimea—this is what stays in the imagination concerning Florence Nightingale. A pitying woman's heart, torn by the suffering of the race, and the added needless torment of war; giving to men who watched for the coming of her shadow along the wall the blessing of knowing that someone cared; a woman of great impersonal motherhood, a woman who could not be comforted because there was distress around her, and whose very presence brought peace, so the testimony goes, to men in pain from bullets and infections and the dreadful hopelessness of it all.

That in itself would be enough for books to have been written about Florence Nightingale; for it would remain one of the greatest legends of womanhood; something to put in our spiritual treasures behind the Gentle Mother Mary, and beside the Goddess of Mercy with her thousand hands.

But it is not all, and not nearly all. For it was only the emotional impulse of Florence Nightingale, and one aspect of her baffling personality. The other was the cold and efficient superintendent of nurses, who organised nursing in military hospitals, who put herself on paper with almost ferocious power, ordering Ministers of the Crown in England to do this and that, and giving them almost a scorpion's invective when they failed to be prompt and practical—a person to whom inexact thinking, and careless doing, was something to flail with her tongue and her pen, and who thought secretly that the government was a ludicrous succession of blunders that always ended in tragedy.

This book by Miss O'Malley is an important addition to the data of Miss Nightingale, and in the year's output of biography ranks very high. It is the first volume of a life which will, when it is finished, probably be the final authority upon her. It is built with admirable scholarship from the Nightingale papers, and throughout is thoroughly documented, so that the student of the history of nursing may have confidence in its adequacy.

It is also an interesting study in a woman's psychology, for the diary of Florence Nightingale is quoted, page upon page, and some of her early letters, and these show better than any secondary history could the development of her mind and her emotional nature. The inevitable conflict of the woman of mind with her inherited tastes and her normal instincts is confessed in her writing. We see her looking the men over, measuring, wanting to give herself, but holding back because there happened not to be one, certainly not one who was available, who could strike the fire in her which religion could strike, or the needs of the world. With the emotional capacity that was in Florence Nightingale a man would have had to be a religion to her, and she had too excellent a mind, and too well trained a mind, to have illusions like that about the men of her social world who were satisfied with life as it was. They say that afterwards Florence Nightingale met such a man in Sydney Herbert. Nobody knows. He was the husband of her dear friend, and whatever Miss Nightingale may have felt, and whatever Sydney Herbert himself felt, hardly matters. If it were so, it was tragedy which turned her the more inevitably to her destiny, and turned him, too, for without the help of Sydney Herbert in the Ministry the work of Florence Nightingale, either in the military hospitals of the Crimea, or afterwards

* Florence Nightingale, by I. B. O'Malley. Published by Thornton Butterworth, Ltd., 15 Bedford Street, Strand, London, W.C. 2, England. Price, 21s.

in the organisation of the training school for nurses, would never have been done. Whether he was a lover, or whether he was the selfless helper whom history always shows beside any person of a mission, cannot be known definitely, for lack of the exact record which history demands.

The book tells about the attraction of Miss Nightingale to the order of the Sisterhood, and her conviction as she grew older that Protestantism had erred in not providing an honourable vocation of service for such women as did not, for whatever reason they might have individually, care to marry. The great Catholic orders of teaching and of nursing were of incalculable inspiration to her. She is known to have spent time in retreat with the nuns of Italy and of England, though she was never received into the Church. It can be gathered clearly from her writings that she must have founded her school for nurses with the emotion of an Abbess founding an order for honourable professional outlet for such women who proferred to give themselves impersonally to the race in service rather than in the closely personal relation of the home, or who had to prefer it from lack of homes of their own. That, however, like the famous walk with the lamp, was only the emotional aspect of her purpose. Along with it went the knowledge that women when trained would make excellent nurses; that medical development needed them and would benefit by them. The Crimea proved to the Government that certainly the military hospitals needed trained women.

This first volume also covers the history of the Crimean experience, and is based also upon letters and the records of eye-witnesses. The most interesting thing it discloses is the amount of intrigue with which Miss Nightingale had to deal. As we look back we accept the story of a strong woman with an indomitable conviction and a driving emotion sweeping everything before her for the betterment of conditions; but that is only the glamour of long distance. She fought her way painfully and uncertainly and with persistent enemies. The place was full of inefficient people whom nothing could make efficient; the Government was full of indifferent people, and its service was full of people who were only interested in making money for themselves. There were plenty of them to call her tyrannical, and a meddling old maid, and a hysterical fool who made babies out of the soldiers. War had been waged for centuries without women, and why try to save the remnant of armies anyway. There were a lot of handy arguments to cover up the commotion she created by her insistence upon sanitation and diet and clothing for the sick. But, however that was, there were always a few men who supported everything she said and did, and they were invariably men whose word counted. So the country of England accepted her, and gave her money in tribute for her services, and that money she turned to the establishment of the first training school for nurses.

Miss O'Malley's book will be interesting to those who are interested in the history of the nursing movement, or the academic feminist movement, and also to those who are curious about the inner workings of the minds of unusual women.

News Notes

BRITISH COLUMBIA

VICTORIA: At the December meeting of the Jubilee Hospital Alumnae Association a Court Whist Party was held in the Nurses Home. About forty members were present. Mrs. Bulloch Webster very kindly drew a ticket to decide the winner for the Hope Chest which was being raffled to raise money for the Bursary Fund, the winner being Mrs. A. Marling. The President presented the retiring treasurer, Miss J. Paterson, with a pair of silver candlesticks in appreciation of her services during her term in office and wished her good luck and best wishes for all future happiness.

MANITOBA

GENERAL HOSPITAL, WINNIPEG: Miss Ethel Johns ,of New York, spent Christmas week in Winnipeg, during which there were many social gatherings arranged in her honour. On December 29th Miss K. W. Ellis, Superintendent of Nurses, held a largely-attended reception for Miss Johns. On December 1st Miss Johns joined the staff of the Committee on the Grading of Nursing Schools in United States.

GENERAL HOSPITAL, BRANDON: The regular meeting of the Graduate Nurses Association was held December 15th in the Nurses Home, Mental Hospital. After a short business meeting, Miss J. Anderson introduced the speaker of the evening, Dr. D. C. Cameron, who gave a very interesting talk on "The Cost of Mental Disorders and How It is Met". Mrs. M. Long, a recent bride, was presented with a silver carving set. Under the direction of the Doctors' Wives Group, the regular meeting of the Graduate Nurses Association was held Tuesday, January 5th, at the home of Dr. and Mrs. S. J. S. Peirce. Following a short business meeting, the members and their friends had the privilege of hearing the Rt. Rev. W. W. H. Thomas, Bishop of Brandon, in a graphic description of his memorable visit to Canterbury and London. Miss Blanche Brigham (Brandon General Hospital, 1928) is visiting her classmate, Miss Winifred Styne, who is seriously ill at Wadena Hospital, Sask.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in January, 1932, were 954, the same as in December, 1931.

APPOINTMENTS

Miss Josephine Follis, Hamilton General Hospital, 1929, has accepted a position with The T. Eaton Co., Hamilton.

DISTRICT 2

BRANTFORD: The annual meeting of the Ontario Red Cross Society, Brantford Branch, was held on Friday evening, December 11th, at the Y.M.C.A. Dinner was served, followed by a short business session. The annual report of the Home Nursing Committee was presented by Miss E. M. McKee. The guest speaker of the evening was Captain Sidney Lambert, Padre of Christie Street Hospital, Toronto.

GENERAL HOSPITAL, BRANTFORD: Miss E. M. McKee, superintendent, entertained in honour of the student nurses at the annual Christmas dance on December 29th, in the Arcade. Following the dance, the nurses returned to the Residence for refreshments. Visitors in Brantford during the Christmas and New Year season were: Miss Florence Westbrook, (1921) of Ann Arbour, Michigan; Miss Aileen Mair (1926), of Brooklyn, N.Y.; Miss Helen Miller (1928), who is on the staff of the V.O.N. at Sudbury; Miss Helen L. Potts (1918), Superintendent, Woodstock General Hospital. Sympathy is extended to Miss Marguerite Zimmerman (1929) on the death of her father.

GUELPH: Miss Bliss and staff entertained the members of the Alumnae Association at a bridge tea New Year's afternoon in the Nurses Residence. Miss Watson and Miss Creighton are taking post-graduate work at the Hospital for Sick Children, Toronto. Miss Hall and Miss Lambert left January 4, 1932, to take a post-graduate course in Mental Hygiene at the Ontario Hospital, Whitby, Ont.

KITCHENER-WATERLOO: The Kitchener-Waterloo Graduate Nurses Association, held their annual social evening in the Nurses Residence on December 7, 1931. An interesting programme for the monthly meetings of the coming year was presented by the president, Miss K. W. Scott. During the evening presentations were made to the retiring president, Miss Winterholt, an attractive bridge set, and to the retiring secretary, Miss Elsie Master, a purse of money in recognition of her faithful services over a period of twenty-one years. Following a short business meeting, bridge was played and refreshments were served.

The Kitchener-Waterloo Alumnae Association held its annual Christmas meeting in the Nurses Residence on December 10th, 1931, and entertained the 1932 graduating class of the Kitchener-Waterloo Hospital. A short business meeting was held, in which the Executive of 1931 was returned to office for 1932. Gifts to the Community Relief Funds, the Kitchener-Waterloo Hospital, the Nurses Home, and the Nurses Library, were decided upon, and a pleasant social evening followed.

LONDON: The members of the Victoria Hospital Nurses Alumnae have pledged themselves to a donation of five thousand dollars to the Building Fund of the new hospital.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: The many friends of Miss E. Rayside, Superintendent of Nurses, will be greatly relieved to know that the critical operation under which she went at Peter Bent Brigham Hospital, Boston, in December, is reported as successful.

At the annual meeting of the Alumnae Association held on December 1st, officers were elected for the ensuing year. A hearty vote of thanks was tendered to the retiring president and her officers for their untiring efforts during the year. Following the business meeting, Dr. D. G. McIlwraith gave a very instructive and interesting address on "Maternal Welfare".

DISTRICT 5

TORONTO: A meeting of the Instructors' Section of the Centralized Lecture Course for Student Nurses was held on Friday, January 8th, at the Wellesley Hospital, twenty members being present.

The programme, arranged by Miss Palliser, proved most interesting—students of the preliminary class demonstrated eight procedures, ranging from the making of a linseed poultice to an intravenous infusion. The degree of dexterity which they displayed, with an entire lack of self-consciousness, was particularly commendable.

Following the educational part of the programme, Miss Ross, Superintendent, entertained the guests for a social hour.

WOMEN'S COLLEGE HOSPITAL, TORONTO: At a well-attended monthly meeting of the Women's College Hospital Alumnae Mrs. Isabel Ross, a representative from the National Council of Women spoke most interestingly and instructively along franchise lines, pointing out the necessity for the modern woman to study the laws governing votes at all elections, especially in this year of new problems. Although Mrs. Ross' address was by no means a canvass, those present were very much gratified to find her returned in Ward 9 on the Board of Education. Word has been received that Miss Jennings (1928) hopes to leave early in February for Central Brazil, South America. Miss Jennings is the second member of the Alumnae to do mission work in South America.

WESTERN HOSPITAL, TORONTO: The annual meeting of the Alumnae Association was held December 8th. Encouraging reports were submitted. Monies were granted to the Christmas Tree Fund for the Out-Patients' Department, and also for a course of educational lectures to be delivered weekly before the Association during the winter months. Election of officers for 1932 took place.

OSHAWA: Miss McWilliams, Superintendent of the Hospital, entertained the Alumnae in honour of Miss Marguerite Dickie (1925), who is leaving for Vancouver to continue her studies before leaving for China as a medical missionary. Miss Dickie is the first member of the Alumnae to take up this important work. The best wishes of her sister nurses go with her in her new vocation. At the regular monthly meeting Dr. Archer Brown was the speaker of the evening. He gave a very interesting address on the subject," What a Doctor Expects of a Nurse in a Home," which proved beneficial to all present.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: The monthly meeting of the Alumnae Association was held on Monday evening, January 4th. The annual election of officers occupied most of the evening. The members of the Alumnae extend their deepest sympathy to Miss E. Hillyard in her recent bereavement.

WOMEN'S GENERAL HOSPITAL, WESTMOUNT: Miss Esther Thecter (1931), who received highest marks of any nurse writing the last examination for registration in the Province of Quebec, is now taking a course in science at McGill University. Miss Bulger (1931), owing to an accident, was unable to come to Montreal to write on the examination. Recent appointments to the hospital nursing staff are: Mrs. Drake (1930), Assistant Night Supervisor; Miss Morrow (1931), in charge of the Nursery; and Miss Moore and Miss Steeves (1930), floor duty. Miss Saunders (1931) is on the staff of the Laurentian Sanatorium, St. Agathe des Monts.

C.A.M.N.S.

VICTORIA: With sincere regret and sorrow the many friends of Miss Effie Alexander, R.R.C., learned of her death, which occurred on Sunday, November 15th, 1931, at the Jubilee Hospital, following an operation. Miss Alexander graduated from the Jubilee Hospital in 1908. After specialising in surgical nursing for several years she enlisted in August, 1915, with No. 5, Canadian Hospital Unit, and went overseas. She served in England, Salonika, Cairo, France, as well as seven months' transport duty, when she crossed the Atlantic twenty-four times.

On return to Canada Miss Alexander served with the S.C.R. at Resthaven, Esquimalt, Craigdarroch and Shaughnessy hospitals. In recent years she resumed private nursing. Gifted with extraordinary energy, kindliness, a keen sense of humour and a deeply conscientious attitude toward her profession, Miss Alexander made innumerable friendships and was highly esteemed by patients, doctors and her fellow-nurses.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BROOKS—On October 26, 1931, at Toronto, Ont., to Mr. and Mrs. Walter Brooks (Edith Gresham, Toronto Western Hospital, 1930), a daughter.

BROWN—On November 9, 1931, at Sydney, N.S., to Mr. and Mrs. Wm. E. Brown (Margaret Stiles, Wellesley Hospital, Toronto, 1923), a daughter.

CLAZIE—In November, 1931, at Ford, Ont., to Mr. and Mrs. John Clazie (Frances S. May, Toronto Western Hospital, 1923), a daughter.

GIBSON—On December 12, 1931, at Virden, Man., to Mr. and Mrs. Wallace R. Gibson (Mabel E. Box, General Hospital, Brandon, 1925), a daughter, Mary Ellen.

GORDON—On December 30, 1931, at Toronto, to Dr. and Mrs. M. K. Gordon (Blanche Hepburn, Toronto Western Hospital, 1928), a son.

HALL—On October 4, 1931, at Toronto, to Mr. and Mrs. T. J. Hall (Verna M. Reeb, Grace Hospital, Toronto, 1923), a daughter.

HENDERSON—In October, at Cumberland, B.C., to Mr. and Mrs. G. Henderson (Irma Knowlton, Royal Jubilee Hospital, Victoria, 1927), a daughter.

KIRK—On December 19, 1931, at Montreal, to Dr. and Mrs. C. M. Kirk (Edna Roderick, Children's Memorial Hospital, Montreal, 1930), a daughter.

MARTIN—To Mr. and Mrs. Chas. Martin (Alma Bryant, Victoria Hospital, London, 1923), a daughter.

MacCALLUM—Recently, at Toronto, to Rev. and Mrs. Clayton MacCallum (Jean Nicholson, St. John's Hospital, Toronto, 1926), of Mayo City, Yukon, a son.

MILLER—On November 19, 1931, at Port Carmen, Ont., to Mr. and Mrs. Miller (Agnes Crozier, Hamilton General Hospital, 1931), a son, Jack Sterling.

ROBERTSON—In October, at Powell River, B.C., to Mr. and Mrs. Robertson (Hilda Pelly, Royal Jubilee Hospital, Victoria), a son.

SAVESAY—In December, at Hamilton, Ont., to Mr. and Mrs. R. H. Savesay (Margaret Henderson, Royal Jubilee Hospital, Victoria, 1926), a son.

SKIDMORE—On December 25, 1931, to Mr. and Mrs. Reginald Skidmore (Hazel Shore, Victoria Hospital, London, 1927), a son, Lloyd Elgear.

SMITH—On January 9, 1932, at Toronto, to Mr. and Mrs. F. Smith (Flossie Goetz, St. Joseph's Hospital, Hamilton, 1927), a son.

WYNNE-JONES—On November 27, 1931, to Dr. and Mrs. Thos. Wynne-Jones (Kathleen J. Conway, Grace Hospital, Toronto, 1924), a son, John.

MARRIAGES

BRADEN—NESBITT—In September, 1931, at Lindsay, Ont., Jean Nesbitt (Wellesley Hospital, 1930) to Harry Braden, of Hamilton, Ont.

CLARK — EMERSON — Annie Emerson (Hamilton General Hospital, 1929) to F. Clark, of Caledonia, Ont.

COLTMAN—EDMONDSON—On December 9, 1931, at Echo Place, Ont., Ada Emelyn Edmondson (Toronto Western Hospital, 1928) to Ray Wilton Coltman. At Home, 107 Fuller Ave., Toronto.

DAVIS—GREY — Recently, at Toronto, Audrey Grey (St. John's Hospital, Toronto, 1928), to Cyril Davis.

FLEMING—CONSON — On January 6, 1932, in Jarvis, Ont., Doris Conson (St. Joseph's Hospital, Hamilton, 1931) to Edwin Fleming, of Hamilton, Ont.

GRAY—MACGREGOR—On December 15, 1931, at Toronto, Ann Macgregor (Grace Hospital, Toronto, 1926) to Kenneth Curlette Gray, of Kirkland Lake, Ont.

HAMILTON—BRUCE—On November 28, 1931, in Hamilton, Ont., Margaret Bruce (St. Joseph's Hospital, Hamilton, 1931), to William Roberts, of Hamilton, Que.

LEATHAM—SHAW — On December 25, 1931, Ethel Shaw (Royal Jubilee Hospital, Victoria, 1929), to J. Leatham, of Duncan, B.C.

LONG—CAMPBELL — On December 1, 1931, at Brandon, Katherine Campbell (Brandon General Hospital, 1923) to Morris Long, of Brandon.

McCLINTON—MOYER — In November, 1931, at Preston, Ont., Helen Moyer (Wellesley Hospital, 1928) to Dr. Jas. McClinton, of Timmins, Ont.

McFARLANE—ROSS—On December 31, 1931, Evelyn Ross (Royal Jubilee Hospital, Victoria, 1928) to Roy A. McFarlane, of Seattle, Wash.

McLEAN—BRYDGES—On September 25, 1931, in Hamilton, Ont., Thelma Brydges (St. Joseph's Hospital, Hamilton, 1929), to Gordon McLean, of Montreal, Que.

MEARS—BROWN—Alice Brown (Hamilton General Hospital, 1925) to Robert Mears, of Palermo, Ont.

NESBITT—WATSON—Recently at Brooklin, Ont., Stella Watson (Oshawa General Hospital, 1930) to Douglas Nesbitt.

PIERMAN—PACKER — On October 23, 1931, Mandie Packer (Royal Jubilee Hospital, Victoria, 1927), to Dan Pierman, of Victoria, B.C.

RORKE—ATKINS—Ada Atkins (Hamilton General Hospital, 1925) to Bert Rorke, of Winnipeg, Man.

SMELTZER—WILLIAMS—On January 2, 1932, at Lima, Peru, South America, Anna Gladys Williams (Toronto General Hospital, 1922) to Captain W. R. Smeltzer. At Home, Talara, Peru, South America.

STEVENS—CONNORS—On November 27, 1931, in Hamilton, Ont., Ella Connors (St. Joseph's Hospital, Hamilton, 1928), to Jack Stevens, of Hamilton, Ont.

TEMPLEMAN—STEWART—On October 17, 1931, at Hamilton, Ont., Isla Stewart (Niagara Falls General Hospital, 1929) to Herbert Templeman, of Little Falls, N.Y.

WILLIAMS—FRIZELLE—On January 12, 1932, at Montreal, Kathleen Lillian Frizelle (Ottawa Civic Hospital, 1929), to Robert H. Williams.

WILSON—TUCKER — Florence Tucker (Hamilton General Hospital, 1930) to David Wilson, of Galt, Ont.

WILSON—KITTERINGHAM—On December 14, 1931, at Oliver, B.C., Gertrude Maria Kitteringham (Victorian Order Nurse and formerly with the C.A.M.C. N.S.) to Samuel E. Wilson, of Oliver, B.C.

DEATHS

ALEXANDER—On November 15, 1931, at Victoria, B.C., Effie Alexander, R.R.C. (Jubilee Hospital, Victoria, B.C., 1908, and formerly attached to No. 5, Canadian Hospital Unit, C.A.M.C.).

MISENER—On December 19, 1931, at the Stratford General Hospital, Mrs. W. Misener (Dorothy Muma, Brantford General Hospital, 1927).

MacMILLAN—After a short illness, pneumonia, in Lubboch, Texas, Minnie P. MacMillan, Superintendent of Nurses, Lubboch Sanitarium, and graduate of the Winnipeg General Hospital, 1904.

WALK-OVER SHOE STORE

Shoes and Hosiery for all occasions

1119 St. Catherine St. West
MONTREAL, Que.
290 Yonge St., TORONTO, Ont.

ONE-ACT PLAY COMPETITION

A prize of $25 is offered for the best one-act play in a competition opened by the Canadian Conference on Social Work, which will meet in Winnipeg, June, 1932. The prize-winning play will be presented during this conference.

The rules governing the contest are:

1. The play shall be a one-act play, the presentation of which on the stage should occupy not less than twenty minutes and not more than forty minutes.

2. The play must depict some phase of social welfare work. It will be judged on its social value and on its dramatic and literary qualities.

3. The play shall neither have been published nor have been presented on the stage before being submitted in this competition, and it shall not be submitted elsewhere until the result of this competition is announced.

4. The prize-winning play shall be the property of the Canadian Conference on Social Work. For further publication and production permission shall be obtained from the executive of the said conference.

5. Three judges, whose decision shall be final, will be appointed by the Committee on Publicity of the Canadian Conference on Social Work. Award may be withheld, if in the opinion of the judges no suitable manuscripts are submitted.

6. All entries must be in by April 15, 1932. Result will be announced early in June.

7. Manuscripts shall be sent by registered post to the secretary, Mr. Percy Paget, 331 Legislative Buildings, Winnipeg. No manuscripts will be returned.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary.. Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, General Hospital, Toronto, Ont.
President.....Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President.....Miss K. W. Ellis, Winnipeg General Hospital, Winnipeg.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer.....Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss B. A. Emerson, 604 Civic Block, Edmonton; 4 Miss Mildred Harvey, Box 132, Lethbridge.

British Columbia: 1 Miss M. P. Campbell, 118 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; 3 Miss M. Kerr, 3435 Victory Ave., New Westminster; 4 Miss E. Franks, 1541 Gladstone Ave., Victoria, B.C.

Manitoba: 1 Mrs. J. F. Morrison, 184 Brock St., Winnipeg; 2 Miss Mildred Reid, 10 Elenora Apts., Winnipeg; 3 Miss Isabel McDiarmid, 363 Langside St., Winnipeg; 4 Mrs. S. Doyle, 175 Royal Ave., West Kildonan.

New Brunswick: 1 Miss A. J. MacMaster, Moncton Hospital, Moncton; 2 Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; 3 Miss H. S. Dykeman, Health Centre, Saint John; 4 Miss Mabel McMullin, St. Stephen.

Nova Scotia: 1. Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; 2 Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax; 3 Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; 4 Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: 1 Miss Mary Millman, 126 Pape Ave., Toronto; 2 Miss Constance Brewster, General Hospital, Hamilton; 3 Miss Clara Vale, 75 Huntley St., Toronto; 4 Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: 1 Miss Lillian Pidgeon, Prince Co. Hospital, Summerside, P.E.I.; 2 Miss Anna Mair, Prince Edward Island Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown; 4 Miss Mary Lowther, 179 Grafton St., Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss Flora A. George, The Woman's General Hospital, Westmount; 3 Miss Marion Nash, 1246 Bishop Street, Montreal; 4 Miss Sara Matheson, Haddon Hall Apts., 2151 Comte Street, Montreal.

Saskatchewan: 1 Miss Elizabeth Smith, Normal School, Moose Jaw; 2 Miss G. M. Watson, City Hospital, Saskatoon; 3 Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina; 4 Miss L. B. Wilson, 2012 Athol St., Regina.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver, B.C.; **Public Health:** Miss M. Moag, 1246 Bishop St., Montreal, P.Q.; **Private Duty:** Miss Isabel MacIntosh, 281 Park St. S., Hamilton, Ont.

Executive Secretary.....Miss Jean S. Wilson.

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section

NURSING EDUCATION SECTION

Chairman: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **Vice-Chairman:** Miss M. F. Gray, University of British Columbia, Vancouver; **Secretary:** Miss E. P Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **Treasurer:** Miss M. Murdoch, General Public Hospital, St. John, N.B.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss Mildred Reid, 10 Elenora Apts., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax' **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss Anna Mair, Prince Edward Island Hospital, Charlottetown. **Quebec:** Miss Flora A. George, Woman's General Hospital, Westmount, P.Q. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon.

Convener of Publications: Miss Mildred Reid, 10 Elenora Apts., Winnipeg, Man.

PRIVATE DUTY SECTION

Chairman: Miss Isabel MacIntosh, 281 Park St. S., Hamilton, Ont.; **Vice-Chairman:** Miss Moya MacDonald, 111 South Park St., Halifax, N.S.; **Secretary-Treasurer:** Miss Mabel St. John, 386A Huron Street, Toronto, Ont.

Councillors.—Alberta: Miss Mildred Harvey, Box 132, Lethbridge. **British Columbia:** Miss E. Franks, 1541 Gladstone Ave., Victoria, B.C. **Manitoba:** Mrs. Doyle, 175 Royal Ave., West Kildonan. **New Brunswick:** Miss Mabel McMullin, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Coburg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss Mary Lowther, 179 Grafton St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Comte St., Montreal. **Saskatchewan:** Miss L. B. Wilson, 2012 Athol St., Regina.

Convener of Publications: Miss Clara Brown, 23 Kendal Ave., Toronto, Ont.

PUBLIC HEALTH SECTION

Chairman: Miss M. Moag, 1246 Bishop St., Montreal, Que.; **Vice-Chairman:** Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont.; **Secretary-Treasurer:** Miss I. S. Manson, School for Graduate Nurses, McGill University, Montreal, Que.

Councillors.—Alberta: Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Kerr, 3435 Victory Ave., New Westminster. **Manitoba:** Miss Isabel McDiarmid, 363 Langside St., Winnipeg. **New Brunswick:** Miss H. S. Dykeman, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Public Health Clinic, Morris St., Halifax. **Ontario:** Miss Clara Vale, 75 Huntley St., Toronto. **Prince Edward Island:** Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown, **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina.

Convener of Publications: Miss Mary Campbell, Victorian Order of Nurses, 344 Gottingen St., Halifax N.S.

ALBERTA ASSOCIATION OF REGISTERED NURSES

President: Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary; First Vice-President, Miss Edna Auger, Medicine Hat General Hospital, Medicine Hat; Second Vice-President, Sister M. A. Chauvin, General Hospital, Edmonton; Registrar and Secretary-Treasurer, Miss Kate S. Brighty, Parliament Buildings, Edmonton; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat; Public Health Committee, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Mildred Harvey, Box 132, Lethbridge, Alta.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss M. P. Campbell, R.N., 118 Vancouver Block, Vancouver; First Vice-President, Miss E. Breese, R.N., 4662 Angus Ave., Vancouver; Second Vice-President, Miss G. Fairley, R.N., Vancouver General Hospital, Vancouver; Registrar, Miss Helen Randal, R.N., 118 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 118 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., University of British Columbia, Vancouver; Public Health, Miss M. Kerr, R.N., 3435 Victory Ave., New Westminster; Private Duty, Miss E. Franks, R.N., 1541 Gladstone Ave., Victoria; Councillors, Misses J. Archibald, R.N., L. Boggs, R.N., M. Duffield, R.N., L. McAllister, R.N.

MANITOBA ASS'N OF REGISTERED NURSES

President, Mrs. J. F. Morrison, 184 Brock Street; First Vice-President, Miss J. Purvis, General Hospital, Portage la Prairie; Second Vice-President, Miss C. Kettles, General Hospital, Dauphin, Man.; Third Vice-President, Miss McNally, General Hospital, Brandon, Man.; Conveners of Committees: Press and Publication, Miss G. Hall, Miss M. Meehan; Social and Programme, Miss Cory Taylor; Sick Visiting, Misses W. Carruthers, A. Starr, G. Thompson and M. Frost; Conveners of Sections: Private Duty, Mrs. S. Doyle, 175 Royal Ave., West Kildonan; Nursing Education, Miss Mildred Reid, 10 Elenora Apts., Winnipeg; Public Health, Miss Isabel McDiarmid, 363 Langside St., Winnipeg; Executive Secretary, Treasurer and Registrar, Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch, General Public Hospital, Saint John; Second Vice-President, Miss E. J. Mitchell, 20 Millidge St., Saint John; Hon. Secretary, Mrs. W. S. Jones, Albert, N.B. Councillors—Saint John: Misses Brophy, Coleman, Lawson and Dykeman; St. Stephen, Misses Jessie Murray and Mabel McMullen; Fredericton, Miss Kate Johnson, Mrs. A. G. Woodcock; Moncton: Misses Myrtle Kay and Marion MacLaren; Campbelltown: Sister Kerr, Miss G. M. Murray; Chatham: Sister Kenny; Bathurst: Miss M. E. Stuart; Woodstock Miss Elsie M. Tulloch. Nursing Education, Sister Corinne Kerr, Hotel Dieu Hospital, Campbelltown; Public Health, Miss H. S. Dykeman, Health Centre, Saint John; Private Duty, Miss Mabel McMullin, St. Stephen; Constitution and By-laws Committee, Miss S. E. Brophy, Fairville; "The Canadian Nurse," Miss A. A. Burns, Health Centre, Saint John; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West Saint John.

REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

President, Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; First Vice-President, Miss Anne Slattery, Dalhousie Health Clinic, Morris St., Halifax; Second Vice-President, Miss Margaret M. Martin, Payzant Memorial Hospital, Windsor; Third Vice-President, Miss Josephine Cameron, Halifax; Recording Secretary, Miss A. M. Fraser, "Pineleigh," North-West Arm, Halifax; Treasurer and Corresponding Secretary, Miss L. F. Fraser, 325 South St., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss Mary Millman, 126 Pape Ave., Toronto; First Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Second Vice-President, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Matilda Fitzgerald, 380 Jane Street, Toronto.

District No. 1: Chairman, Miss Nellie Gerard, 911 Victoria Ave., Windsor; Secretary-Treasurer, Mrs. I. J. Walker, 169 Richard St., Sarnia. Districts Nos. 2 and 3: Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Anne Wright, General Hospital, St. Catherines; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherines St. S., Hamilton. District No. 5: Chairman, Miss Rahno M. Beamish, Western Hospital, Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road E., Toronto. District No. 6: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Florence McIndoo, General Hospital, Belleville. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Evelyn Freeman, General Hospital, Kingston. District No. 8: Chairman, Miss Alice Ahern, Metropolitan Life Insurance Co., Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa. District No. 9: Chairman, Miss Katherine MacKenzie, 235 First Ave. E., North Bay; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Anne Boucher, 280 Park St., Port Arthur; Secretary-Treasurer, Miss Martha R. Racey, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board: Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Mere M. V. Allaire, Rev. Soeur Augustine; President, Miss Mabel K. Holt, Montreal General Hospital; Vice-President (English), Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Melle. Rita Guimont, Hopital Saint Luc, Montreal; Hon. Secretary, Miss Margaret L. Meag, V.O.N., Montreal; Hon. Treasurer, Miss Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Other members, Melles. Edna Lynch, Metropolitan Life Insurance Company, Montreal; Melle. Marie-Anysie Deland, Institut Bruchesi, Montreal; Mde. Caroline Vachon, Hotel-Dieu, Montreal; Rev. Soeur Marie-Rose Lacroix, Hopital St. Jean, St. Jean, Que.; Rev. Soeur Bellemare, Hopital Notre Dame, Montreal; Conveners, Private Duty Section (English), Miss Sara Matheson, Hadden Hall Apts., 2151 Comte St., Montreal; (French), Melle Jeanne L'Heureux, 774 Davaar Road, Outremont; Nursing Education Section (English), Miss Flora Aileen George, Woman's General Hospital, Westmount; (French), Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Gamelin, P.Q.; Public Health Section, Miss Marion Nash, V.O.N., 1246 Bishop Street; Board of Examiners, Convener, Miss. C. V. Barrett, Mde. R. Bourque, Melles. Lynch, Senecal, Misses Marion Nash, Rita Sutcliffe; Executive Secretary, Registrar and Official School Visitor, Miss E. Francis Upton, Suite 221, 1396 St. Catherine Street, West, Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Miss G. M. Watson, City Hospital, Saskatoon; Councillors, Miss R. M. Simpson, Department of Public Health, Regina, Sister Mary Raphael, Providence Hospital, Moose Jaw; Conveners of Standing Committees, Public Health, Mrs. E. M. Feeny, Dept. of Public Health, Regina; Private Duty, Miss L. B. Wilson, 2012 Athol St., Regina; Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; Acting President, Miss K. Lynn; Second Vice-President, Miss Barber; Treasurer, Miss M. Watt; Recording Secretary, Mrs. B. J. Charles; Corresponding Secretary, Miss I. Jackson; Registrar, Miss D. Mott, 616 15th Ave. W.; Convener Private Duty Section, Mrs. R. Hayden.

EDMONTON ASSOCIATION OF GRADUATE NURSES

President, Mrs. K. Manson; First Vice-President, Miss B. Emerson; Second Vice-President, Miss F. Welsh; Secretary, Miss C. Davidson; Corresponding Secretary, Miss J. G. Clow, 11138 82nd Ave.; Treasurer, Miss L. Ward, 11328 102nd Ave.; Programme Committee, Miss A. L. Young, Miss I. Johnson; Sick Visiting Committee, Miss P. Chapman, Miss Gavin. Representative to "The Canadian Nurse," Miss M. Griffith, 10806 98th St.

MEDICINE HAT GRADUATE NURSES ASSOCIATION

President, Mrs. Mary Tobin; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss L. Green; Secretary, Miss M. E. Hagerman, City Court House, 1st Street; Treasurer, Miss Edna Auger; Convener of New Membership Committee, Mrs. C. Wright; Convener of Flower Committee, Miss M. Murray; Correspondent, "The Canadian Nurse," Miss F. Smith.

Regular meeting First Tuesday in month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President; Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

NELSON GRADUATE NURSES ASSOCIATION

Hon. President, Miss K. E. Gray, Matron, Kootenay Lake General Hospital; President, Miss A. Cant; First Vice-President, Mrs. P. Bates; Second Vice-President, Miss M. Madden; Third Vice-President, Mrs. Scatchard; Secretary-Treasurer, Mrs. A. Banks, Box 1053, Nelson, B.C.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. Duffield, 226 Lee Bldg., Vancouver; First Vice-President, Miss G. Fairley, Vancouver General Hospital; Second Vice-President, Miss J. Matheson; Secretary, Miss Perrin, 3629 2nd Ave. W., Vancouver; Treasurer, Miss L. Archibald, 536 12th Ave. W., Vancouver; Conveners of Committees: Council, Miss M. Dutton; Directory Committee, Miss D. Bullock; Ways and Means, Miss R. McVicar; Programme, Miss M. Kerr; Social, Miss Munslow; Sick Visiting, Miss A. L. Maxwell; Local Council, Miss M. Gray; Creche, Miss M. A. McLellan; Representatives: "The Canadian Nurse," Miss M. G. Laird; Local Press, Rotating members of Board.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Annable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss Mildred Cohoon; Assistant Secretary, Miss E. Hanafin; Secretary-Treasurer, Miss L. Elisabeth Otterbine; Executive, Misses Marjorie McDonald, N. Comerford, A. Kerr, B. Geddes, G. Oddstad.

A.A., VANCOUVER GENERAL HOSPITAL

Hon. President, Miss Grace Fairley; President, Miss Joan Hardy; First Vice-President, Miss Dorothy Coughlin; Second Vice-President, Miss Mary McLean; Secretary, Mrs. Percy Jones, 3681 2nd Ave. W.; Assistant Secretary, Mrs. Hugh McMillan; Treasurer, Miss Eva Webster, The Vancouver General Hospital; Committee Conveners: Refreshment, Mrs. Ferguson; Programme, Miss Hannon; Sewing, Miss McLennan; Sick Visiting, Miss Hilda Smith; Representatives Local Press, Mrs. McCallum; "The Canadian Nurse," Miss Stevenson; Women's Building, Miss Whitteker; Membership, Miss L. Maxwell; Sick Benefit Fund and Bond Committee, Miss Isobel McVicar and Miss Bullock.

A.A., JUBILEE HOSPITAL, VICTORIA, B.C.

Hon. President, Miss L. Mitchell; President, Miss E. Oliver; First Vice-President, Mrs. Chambers; Second Vice-President, Mrs. Carruthers; Secretary, Miss S. Fatt, 601 Trutch St.; Assistant Secretary, Miss B. Montague; Treasurer, Miss J. Paterson; Convener, Entertainment Committee, Mrs. Lancaster; Sick Nurses, Miss C. McKenzie.

BRANDON ASSOCIATION OF GRADUATE NURSES

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. Finlayson; First Vice-President, Miss H. Meadows; Second Vice-President, Miss J. Anderson; Secretary, Miss K. Campbell, Park View Apts., Brandon; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees: Social, Mrs. S. J. S. Pierce; Sick Visiting, Miss Bennett; Welfare Representative, Miss Houston; Blind, Mrs. R. Darrach; Cook Books, Miss M. Gemmell; Press Representative, Miss D. Longley; Registrar, Miss C. Macleod.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Second Hon. President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss E. Shirley, 28 King George Crt.; First Vice-President, Miss E. Perry, 1628 Roy Ave., Weston; Second Vice-President, Miss H. Stephens, 15 Ruth Apts.; Secretary, Mrs. Stella Gordon Kerr, 753 Wolseley Ave.; Treasurer, Miss A. Price, Ste. 18 Diana Crt.; Conveners of Committees, Social, Miss T. O'Rourke, Ste. 48 Marlhurst Apts; Refreshment, Miss C. Miller, Ste 2 St. James Park Blk.; Sick Visiting, Miss T. Guville, 211 Hill St., Norwood; Representative to Local Council of Women, Miss C. Code, 1238 Downing St., Miss C. Wright, 340 St. Johns Ave.; Representative to Manitoba Nurses Central Directory Committee, Mrs. E. MacDonald, 369 Langside St.; Press and Publication, Miss M. Meehan, 753 Wolseley Ave.

Meetings—Second Wednesday of each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingsway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave., Membership, Miss A. Pearson, Winnipeg General Hospital.

DISTRICT No. 8, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss Alice Ahern; Vice-Chairman, Miss D. M. Percy; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses M. Stewart, M. Slinn, G. Woods, M. B. Anderson, Amy Brady, Ella Rochon; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss M. Stewart; Nursing Education, Miss M. E. Anderson; Private Duty, Miss Mary Slinn; Public Health, Miss Marjorie Robertson; Representative to Board of Directors, Miss A. Ahern.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss A. Boucher; First-Vice President, Mrs. F. Edwards; Second Vice-President, Miss V. Lovelace; Secretary-Treasurer, Miss M. Racey; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss L. Young; Private Duty, Miss I. Sheehan; Publication, Miss M. Flannagan; Membership, Miss M. Sideen, Miss D. Elliott; Social: Miss E. Hamilton, Miss Chiver-Wilson, Miss E. McTavish; Representatives to Board of Directors Meeting, R.N.A.O., Mrs. F. Edwards.

Meetings held first Thursday every month.

GRADUATE NURSES ASSOCIATION, KITCHENER AND WATERLOO

President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman, Freeport Sanatorium; Treasurer, Mrs. Wm. Knell, 41 Ahrens St. W.; Representative, "The Canadian Nurse," Miss E. Hartleib.

GRADUATE NURSES ALUMNAE, WELLAND, ONT.

Hon. President, Miss E. Smith, Superintendent Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

A.A., BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence McIndoo; President, Miss E. McEwen; Vice-President, Miss E. Cryderman; Secretary, Miss B. Cryderman; Treasurer, Miss E. Wright; Flower Committee, Miss J. Thompson and Miss M. MacFarlane; Representative, "The Canadian Nurse," Mrs. J. Campbell.

Regular meeting held first Tuesday in each month at 7.30 p.m. at the Nurses Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss I. Marshall; Vice-President, Miss A. Hardisty; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss F. Batty; Treasurer, Miss L. Gillespie, 14 Abigail Ave., Brantford; Social Convener, Miss M. Meggitt; Flower Committee, Misses P. Cole and F. Stewart; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; "The Canadian Nurse" and Press Representative, Miss E. M. Jones; Representative to Local Council of Women, Miss G. V. Westbrook.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., CORNWALL GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Miss Boldick; Second Vice-President, Miss B. McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss B. Paterson.

A.A., GALT HOSPITAL, GALT, ONT.

Hon. President, Miss Jamieson; President, Miss G. Rutherford; First Vice-President, Mrs. F. L. Roelofson; Second Vice-President, Mrs. E. D. Scott; Secretary-Treasurer, Miss S. Mitchell, 11 Harris St.; Assistants Misses A. Sickle and I. Atkinson; Programme Committee, Misses Turnbull, Murphy, Baker and Frizelle.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss C. Zeigler; Second Vice-President, Miss Dora Lambert; Secretary, Miss N. Kenny. Treasurer, Miss J. Watson; Committees, Flower; Mrs. R. Hockin, Misses Creighton, I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse," Miss A. L. Fennell.

A.A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Annie B. Boyd, 607 Main St. E.; Vice-President, Miss M. Buchannan, Hamilton General Hospital; Treasurer, Miss E. Bell, 1 Cumberland Ave.; Recording Secretary, Miss B. Aitken, 44 Victoria Ave. S.; Secretary-Treasurer Mutual Benefit Association, Miss L. Hannah, 25 West Ave. S.; Executive Committee, Mrs. N. Barlow (Convener), 211 Stenson St., Misses E. Baird, C. Chappel, M. Pegg, Mrs. E. Johnson; Programme Committee, Miss Mary Ross (Convener), Misses M. Watt, H. Baker, E. Davidson, J. Lens, M Harvey, C. Currah, Blanche Pond; Flower and Visiting Committee, Miss Sturrock (Convener), Misses Squires, Blanchard, Burnett. Representatives to Local Council of Women, Mrs. Hess, Misses Harley, Buckbee, Burnett; Representative to R.N.A.O., Miss G. Hall; Representatives to "The Canadian Nurse," Miss Buscombe (Convener), Misses Strachan and Carruthers; Representative to Women's Auxiliary, Mrs. J. Stephen; Registry Committee, Mrs. Hess (Convener), Misses Nugent, Hack, Gringer.

A A., ST. JOSEPH'S HOSPITAL, HAMILTON

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagan; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss Moran.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. William Elder, Avonmore Apts.; Vice-President, Mrs. V. L. Fallon; Treasurer, Miss Millie MacKinnon; Secretary, Miss Genevieve Pelow; Executive, Mrs. L. Welch, Mrs Cochrane, Mrs. L. E. Crowley, Misses Millie Mackinnon, Evelyn Finn; Visiting Committee, Misses Olive McDermott, C. McGarry; Entertainment Committee, Misses MacKinnon, Murphy, Bain, Hamell, McCadden, Mrs. Ryan, Mrs. Fallon.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Miss Oleira M. Wilson; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Mrs. S. F. Campbell; Third Vice-President, Miss Ann Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss C. Milton, 404 Brock St.; Recording Secretary, Miss Ann Davis, 96 Lower William St.; Convener Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Press Representative, Miss Helen Babcock, Kingston General Hospital; Private Duty Section, Miss Emma McLean, 478 Frontenac St.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Miss K. W. Scott; President, Miss L. McTague; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, 32 Troy St.; Asst. Secretary, Miss J. Sinclair; Treasurer, Miss E. Ferry; "The Canadian Nurse", Miss E. Hartlieb

A.A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Madeline Baker; First Vice-President, Miss Olive O'Neill; Second Vice-President, Miss Florence Connolly; Recording Secretary, Miss Stella Gignac; Corresponding Secretary, Miss Gladys Gray; Treasurer, Miss Alice McTague; Press Representative, Miss Lillian Morrison; Representatives to Registry Board, Misses Elizabeth Armishaw, Rhea Ronatt.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Honorary President, Miss Hilda Stuart, Superintendent, Victoria Hospital; President, Miss Mae Jones, Windsor and Ridout St., London; First Vice-President, Miss Christena Gillies, Victoria Hospital; Second Vice-President, Miss Margaret McLaughlin, Victoria Hospital; Treasurer, Miss Mildred Thomas, 28 Hayman Court, London; Secretary, Miss Verna Ardiel, 1000 Lorne Ave., London; Corresponding Secretary, Miss Gladys McDougall, 14 Bellevue Ave.; Board of Directors, Misses Mallock, M. Walker, Mortimer, Mrs. L. McGugan, Mrs. H. Smith, Mrs. Sterritt; Representatives to "The Canadian Nurse," Miss G. Erskine, Victoria Hospital, and Mrs. Scanlon, 769 Quebec St.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Mrs. J Taylor; Vice-President, Miss L. McConnell; Secretary, Miss J. McClure; Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Convener Sick Committee, Miss A. Irving; Asst. Convener Sick Committee, Miss Coutts; Convener Private Duty Committee, Miss K. Prest.

A.A., ORILLIA SOLDIER'S MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss McMurray; Second Vice-President, Miss S. Dudenhoffer, Secretary-Treasurer, Miss M. B. MacLelland, 128 Nissisaga St. W.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss MacWilliams; President, Miss Ann Scott, 26 King Street E., Oshawa; Vice-President, Miss Emily Duckwith; Second Vice-President, Mrs. H. Harland; Secretary, Mrs. Mabel Yelland, 14 Victoria Apts., Simcoe St. S., Oshawa; Asst. Secretary, Miss Jessie McIntosh; Corresopnding Secretary, Miss Helen Hutchison, 14 Victoria Apts., Simcoe St. S. Oshawa; Treasurer, Miss Jane Cole; Social Convener, Miss Amber Sonley, Visiting and Flower Convener, Mrs. M. Canning; Convener Private Duty Nurses, Miss Margaret Dickie; Representative, Hospital Auxiliary, Mrs. M. Canning, Mrs. E. Hare, Mrs. B. A. Brown.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee. Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St., Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse," Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., OTTAWA CIVIC HOSPITAL

Hon. President, Miss Gertrude Bennett; President, Miss Evelyn Pepper; First Vice-President, Miss Elizabeth Graydon; Second Vice-President, Miss Dorothy Moxley; Treasurer, Miss Winnifred Gemmell, 221 Gilmour St.; Recording Secretary, Miss Greta Wilson, 489 Metcalfe St.; Corresponding Secretary, Miss Eileen Graham, 41 Willard St.; Councillors, Mrs. G. W. Dunning, Misses Elizabeth Curry, Gertrude Moloney, Mary Lamb, Gladys Moorehead; Convener of Flower and Sick Visiting Committee, Miss Margaret McCallum; Press Correspondent, Miss E. Osborne.

A.A ,OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sr. Flavie Domitille; President, Miss Juliette Robert; First Vice-President, Miss C. McDonald; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Stella Kearns, 478 Cumberland Ave., Ottawa; Membership Secretary, Miss Pauline Bissonnette; Representatives to Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss F. Nevins; Representatives to Central Registry, Miss L. Egan and Miss A. Stackpole; Representative to The Canadian Nurse, Miss Juliette Robert.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss B. Hall; President, Mrs. D. J. McMillan, 1151 3rd Ave. W.; Vice-President, Miss C Thompson; Secretary-Treasurer, Miss A. Mitchell, 466 17th St. W.; Assistant Secretary-Treasurer, Mrs. Tomlinson; Flower Committee, Miss M. Story, Miss C. Stewart, Mrs. Frost; Programme Committee, Misses Sim, C. Stewart; Press Representative, Miss M. Morrison.

A.A., NICHOLLS HOSPITAL, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson; President, Miss H. M. Anderson; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson; Treasurer, Miss L. Ball; Secretary, Miss I. Armstrong; Corresponding Secretary, Miss H. Hooper, Peterboro Hospital; Convener Social Committee, Miss A. Dobbin; Convener of Flower Committee, Miss S. Armstrong.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss M. Lee; President, Miss L. Seigrist; Vice-President, Miss B. McFarlan; Secretary, Miss A. Silverthorne; Treasurer, Miss M. Woods; "The Canadian Nurse," Miss E. Dickey; Flower Committee (Convener), Miss J. McKenzie; Programme and Social Committee, Misses P. Humphrey, O. Banting, B. McFarlan; By-laws Committee, Misses O. Banting, M. McCrae, E. Dickey.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Florence Kudoba; Vice-President, Miss Rena Johnston; Secretary-Treasurer, Miss Alma Rock, 97 John St; Conveners of Committees: Social, Mrs. Lloyd Miller; Flower, Miss Margaret Derby; Correspondent, "The Canadian Nurse," Miss Helen Dinsdale.

A.A., MACK TRAINING SCHOOL, ST. CATHERINES

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Helen Brown, General Hospital; First Vice-President, Mrs. C. Hesburn, 54 George St.; Second Vice-President, Miss Marriott, 94½ Queenston St.; Secretary-Treasurer, Miss Florence McArter, General Hospital; Asst. Secretary-Treasurer, Miss Margaret Stewart, General Hospital; Press Correspondent, Mrs. S. Ockenden, 4 Buch St.; "The Canadian Nurse" Representative, Miss Aleda Brubaker, 29 Page St.; Social Committee (Convener), Miss Mildred Strong, General Hospital; Programme Committee (Convener), Miss Janette Hastie, General Hospital.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Margaret Benjafield, 39 Wellington Street; First Vice-President, Mrs. Frank Penhale; Second Vice-President, Miss Bessie Pollock; Recording Secretary, Mrs. John Smale, 34 Erie Street; Corresponding Secretary, Miss Alice Patrick, 33 Gladstone Ave.; Treasurer, Miss Bella Mitchener, 50 Chestnut Street; "The Canadian Nurse," Miss Isabella M. Leadbetter, Talbot Street. Executive, Misses Hazel Hastings, Lissa Crane, Mary Oke, Mildred Jennings, Florence Treherne.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss E. Manning; First Vice-President, Miss J. Algie; Second Vice-President, Miss Jean Browne; Secretary, Miss Jean Anderson, 149 Glenholme Ave., Toronto; Treasurer, Miss M. Morris, Ward "C," Toronto General Hospital; Councillors, Misses G. Gawley, A. Landon, G. Ross; Archivist, Miss Kniseley; Committees: Flower, Misses Clubine (Convener), Hannant, Forgie, Eugenia Stewart; Programme, Mrs. Driver (Convener), Misses Annie Dove, Edna Fraser, Ethel Campbell, Dorothy Dove; Social, Mrs. Stevens (Convener), Misses Neal, L. Bailey; Nominations, Mrs. Dewey (Convener), Misses Marion Stewart, Myrtle Murray, Mary McFarland; "The Canadian Nurse," Misses Betty Stringall (Convener), McGarry, E. Thompson.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. L. B. Hutchison; Recording Secretary, Miss M. Teasdale; Corresponding Secretary, Miss Lillian E. Wood, 20 Mason Blvd., Toronto 12; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Ida Weeks, 130 Dunn Ave.; Vice-President, Miss Sadie McLaren; Recording Secretary, Miss I. Ostic; Corresponding Secretary, Miss M. Whittall; Treasurer, Miss McCullough, 130 Dunn Ave.; Social Convener, Miss P. Lawrence.

A.A., TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Miss Hazel Young, 100 Bloor St. W.; Vice-President, Mrs. W. J. Smithers, 35 Wilberton Road; Secretary-Treasurer, Miss R. Hollingworth, 100 Bloor St. W.; Representatives to Central Registry, Miss C. Grannon, 205 George St., and Miss M. Beston, 5 De Savery Crescent; Representative to R.N.A.O., Miss A. Bodley, 43 Metcalf St.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss Carrie Field; First Vice-President, Miss Gertrude Gastrell; Second Vice-President, Mrs. W. H. Thompson; Secretary, Miss Breeze, Riverdale Hospital; Treasurer, Miss Margaret Floyd, Riverdale Hospital; Board of Directors—Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss K. Mathieson, Riverdale Hospital; Membership, Miss Murphy, Weston Sanitariom, Weston; Mrs. E. G. Berry, 97 Bond St., Oshawa; Press and Publication, Miss C. L. Russell, General Hospital, Toronto; Representatives to Central Registry, Misses Hewlett and Morris.

A.A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss H. Panton and Miss P. B. Austin; President, Mrs. F. E. Atkinson; First Vice-President, Miss Petron Adam; Second Vice-President, Miss Alice Grindley; Corresponding Secretary, Miss Mary Ingham; Recording Secretary, Miss Mary Acland; Treasurer, Miss V. Marie Grafton, 534 Palmerston Blvd.; Councillors, Misses Louise Rogers, Hilda Rose, Jean Beaton, Helen Needler, Mabel St. John and Mrs. Harold McClelland.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, S.S.J.D., St. John's Convent, 28 Major St.; President, Miss Cook, 464 Logan Ave.; First Vice-President, Miss Holdsworth, Islington 297; Second Vice-President, Miss Morgan, 322 St. George St.; Recording Secretary, Miss Frost, 450 Maybank Ave.; Corresponding Secretary, Miss Radcliff, 430 Walmer Rd.; Treasurer, Miss Slimon, 464 Logan Ave.; Convener of Flowers and Sick, Miss Anderson, 468 Kingston Rd.; Press Representative, Miss Grace Doherty, 28 Balmoral Ave.

A.A., ST. JOSEPH'S HOSPITAL, TORONTO, ONT.

Hon. President, Rev. Sister Superior; President, Miss G. Davis; First Vice-President, Miss E. Morrison, 1543 Queen St. West; Second Vice-President, Miss E. Jobin; Recording Secretary, Miss M. O'Malley; Corresponding Secretary, Miss I. Gallagher, 320 Lonsdale Rd.; Treasurer, Miss A. Harrigan; Councillors, Mrs. G. Beckett, Misses M. Conway, R. Jean-Marie and L. Boyle.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Rev. Sister Margaret; Hon. Vice-President, Rev. Sister M. Amata; President, Miss Grace Murphy, St. Michael's Hospital; First Vice-President, Miss H. M. Kerr; Second Vice-President, Miss E. Graydon; Third Vice-President, Miss M. Burger; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 33 Maitland St., Apt. 106, Toronto; Press Representative, Miss May Greene; Councillors, Misses M. Foy, J. O'Connor, Stropton; Private Duty, Miss A. Purtle; Public Health, Miss I. McGurk; Representative Central Registry of Nurses, Toronto, Miss M. Melody.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Ruth Jackson, 80 Summerhill Ave.; Vice-President, Miss Janet Smith, 138 Wellesley Crescent; Recording Secretary, Miss Muriel Johnston, 94 Homewood Ave.; Corresponding Secretary, Miss Florence Campion, 14 Carey Road; Treasurer, Miss Constance Tavener, 804-A Bloor St. W.; Correspondent to "The Canadian Nurse," Miss W. Ferguson, 16 Walker Ave.; Flower Convener, Miss E. Fewings, 177 Roehampton Ave.; Social Convener, Miss Marion Wansbrough, 18 Wellesley St.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss Rahno Beamish, Toronto Western Hospital; Vice-President, Miss L. Smith; Recording Secretary, Miss Matthews, 74 Westmount Ave.; Secretary-Treasurer, Miss Buckley, Toronto Western Hospital; Representative to "The Canadian Nurse," Miss Milligan; Representative to Local Council of Women, Mrs. McConnell; Hon. Councillors, Mrs. Yorke, Mrs. McConnell; Councillors, Miss McLean, Orthopedic Hospital, Misses Cooney, Steacy, Stevenson, Wiggins, J. G. Smith, Devine; Social Committee, Miss Sharpe (Convener), Misses Agnew, Woodward, Miles; Flower Committee, Miss Lamont, Miss Ayerst; Visiting Committee, Misses Lowe, Harshaw, Essex; Layette Committee, Miss Cooper.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss Harriet Meiklejohn; President, Miss E. J. Henry; First Vice-President, Mrs. Scullion; Second Vice-President, Miss Eleanor Clark; Recording Secretary, Miss Jessie Wagner; Corresponding Secretary, Miss Grace Clarke, 46 Delaware Ave.; Assistant Secretary, Miss Margaret Free; Treasurer, Miss Bessie Fraser, 526 Dovercourt Rd.; Representatives to Central Registry, Misses A. Bankwitz, Lois Shaw; Representatives to District No. 5, R.N.A.O., Misses Isabelle Munns, Ella Flett; Representatives to Local Council, Misses D. Berry, T. Hawkes; Conveners of Committees, Sick, Miss May Roberts; Social, Miss Agnes McGregor; Councillors, Misses W. Worth, M. Chalk and V. Allen; Representative to "The Canadian Nurse," Miss E. E. K. Collier.

Meetings at 74 Grenville St. second Monday in each month.

A.A., CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss E. Eldridge; Vice-President, Miss A. Atkinson; Secretary, Miss E. L. Barlow, Toronto Hospital, Weston; Treasurer, Miss P. M. Stuttle.

A.A., HOTEL DIEU, WINDSOR, ONTARIO

President, Miss Angela Code, Maple Acts.; First Vice-President, Miss Helen Piper; Second Vice-President, Miss Alice Baillageon; Secretary, Miss Helen Slattery; Treasurer, Miss Evelyn Wolfe; Press Correspondent, Miss Mary A. Finnegan.

A.A., GENERAL HOSPITAL, WOODSTOCK

Hon. President, Miss Frances Sharpe; President, Mrs. Melsome; Vice-President, Miss Jefferson; Secretary, Miss G. Boothby; Assistant Secretary, Miss Green; Corresponding Secretary, Miss M. F. Costello, 67 Wellington St. N., Woodstock, Ont.; Treasurer, Miss L. Jackson; Representative, The Canadian Nurse, Miss A. G. Cook; Programme Committee, Misses Mackay, Anderson and Hobbs; Social Committee, Miss Hastings and Miss M. Culvert; Flower Committee, Miss Rickard and Miss Eby.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent Sherbrooke Hospital; President, Miss D. Stevens; First Vice-President, Miss J. Fenton; Second Vice-President, Miss Humphrey; Recording Secretary, Miss D. Ingraham; Corresponding Secretary, Miss H. Hetherington; Treasurer, Miss M. Robins; Representative, "The Canadian Nurse," Miss C. Hornby, Box 324, Sherbrooke, P.Q.; Private Duty Representative, Miss Alice Lyster.

MONTREAL GRADUATE NURSES' ASS'N

Hon. President, Miss L. C. Phillips, 3626 St. Urbain St.; President, Miss Agnes Jamieson, 1230 Bishop St.; First Vice-President, Miss Sara Matheson, 2151 Comte St.; Second Vice-President, Miss Kate Wilson, 1230 Bishop St.; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Lucy White, 1230 Bishop St.; Relief Registrar, Miss H. M. Sutherland, 12 Selkirk Ave.; Convener Griffintown Club, Miss Georgia Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—Second Tuesday of January, first Tuesday of April, October and December.

A.A., CHILDREN'S MEM. HOSP., MONTREAL

Hon. President, Miss A. S. Kinder; President, Miss D. Parry; Vice-President, Miss M. Flanders; Secretary, Miss R. Paterson, 3498 Harvard Ave., N.G.D.; Treasurer, Miss H. Easterbrook; Representative, "The Canadian Nurse," Miss V. Schneider; Sick Nurses Committee, Misses H. Nutall, M. Plamondon; Social Committee, Misses A. McFarlane, A. Adlington, F. Black and G. Gough; Representative, Private Duty Section, Miss J. Wilson.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON . CANADA

A.A., MONTREAL GENERAL HOSPITAL

President, Mrs. Allan; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. Mathewson; Recording Secretary, Miss Inez Welling; Corresponding Secretary, Miss Anne Thorpe; Treasurer, Alumnae Association and Mutual Benefit Association, Miss Isabel Davies; Hon. Treasurer, Miss H. M. Dunlop; Executive Committee, Misses M. K. Holt, F. E. Strumm, J. Meigs, L. Urquhart, C. M. Watling; Representatives, Private Duty Section, Misses Morrison (Convener), R. Loggie, Melba Johnston, Winnifred Spier; Representatives to "The Canadian Nurse," Misses C. M. Watling (Convener), N. Kennedy-Reid, Ruth Hamilton; Representatives to Local Council of Women, Miss G. Colley (Convener), Miss Marjorie Ross (Proxy), Miss Harriett Ross; Sick Visiting Committee, Mrs. Stuart Ramsey (Convener), Misses L. Shepherd, B. Noble; Refreshment Committee, Misses D. Flint (Convener), M. I. McLeod, Theodora McDonald, S. Fraser.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs. J. Warren; First Vice-President, Miss I. Garrick; Second Vice-President, Miss D. Campbell; Secretary, Miss M. Brighty; Asst. Secretary, Miss M. Hayden; Treasurer, Miss D. W. Miller; Asst. Treasurer, Miss N. G. Horner; Private Duty Section, Miss A. M. Porteous; "The Canadian Nurse" Representative, Miss A. Pearce; Social Committee, Miss D. Smith; Miss M. Bright; Montreal Nurses Association, Miss D. Smith, Miss M. Bright.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Miss E. A. Draper, Miss M. F. Hersey; President, Mrs. E. H. Stanley; First Vice-President, Mrs. G. LeBeau; Second Vice-President, Miss E. Gall; Recording Secretary, Miss E. MacKean; Secretary-Treasurer, Miss K. Jamer; Convener, Finance Committee, Miss B. Campbell; Representatives to Local Council, Mrs. V. Linnell, Mrs. G. Porter; Convener Sick Visiting Committee, Miss A. Deane; Convener Programme Committee, Mrs. F. A. C. Scrimger; Convener Private Duty Representatives, Miss M. MacCallum; Convener Refreshments Committee, Miss Adams; Executive Committee, Miss M. F. Hersey, Miss Goodhue, Miss E. Reid, Mrs. Roberts, Miss B. Forgey, Miss M. Etter; "Canadian Nurse" Representative, Miss E. Flanagan.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Craig; President, Miss Birch; First Vice-President, Miss Edna Payne; Second Vice-President, Miss L. Sutton; Treasurer, Miss Jane Craig, Western Hospital; Secretary, Miss Olga McCrudden, 314 Grosvenor Ave., Westmount, P.Q.; Finance Committee, Miss L. Johnston, Miss A. Yates; Programme Committee, Miss Cross, Miss Williams; Sick and Visiting Committee, Miss Dyer; Representative to Private Duty Section, Miss Taylor; Representative to "The Canadian Nurse," Miss McOuat.

L'ASSOCIATION DES GARDES-MALADES GRADUEES DE L'HOPITAL NOTRE-DAME

Bureau de direction, Membres honoraires: Rév. Mère Piché; Rév. Mère Mailloux; Rév. Soeur Despins; Rév. Soeur Bellemarre; Rév. Sr. Robert; Melle M. Guillemette; Melle T. Hayden; Melle C. Brideaux. Présidente, Jeanne L'Heureux; Secretaire, Marguerite Pauzé; Trésorière, Lydia Boulerice. Directeurs: Blanche Lecompte, Eugénie Tremblay; Germaine Latour; Sarah Gosselin; Alice Lépine. Comité de Fonds de Secours: Presidente, Anonciade Martineau; Secretaire, Elisabeth Rousseau; Trésorière, Sybille Gagnon.

A.A., WOMAN'S GEN. HOSP., WESTMOUNT, P.Q.

Hon. Presidents, Miss E. F. Trench, Miss F. George; President, Mrs. Crewe; First Vice-President, Miss N. J. Brown; Second Vice-President, Miss M. Forbes; Recording Secretary, Miss L. Wallace; Corresponding Secretary, Miss L. Steeves; Treasurer and "The Canadian Nurse," Miss E. L. Francis, 1210 Sussex Ave., Montreal; Sick Visiting, Miss L. Jensen, Miss K. Morrison; Private Duty, Mrs. Chisholm, Miss L. Smiley. Regular monthly meeting every third Wed., 8 p.m.

A.A., JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss H. A. MacKay; First Vice-President, Miss Cecile Caron; Second Vice-President, Miss Margaret E. Savard; Recording Secretary, Mrs. Winnifred Bates; Corresponding Secretary, Mrs. Douglas Jackson; Treasurer, Miss M. McHarg; Private Duty Section Miss Muriel Fischer; Sick Visiting Committee, Mrs. S. Barrow, Mrs. Harold Planche; Refreshment Committee, Misses Cecile Caron and Gladys Weary; Councillors, Misses Charlotte Kennedy, Emily Fitzpatrick, Muriel Fischer, Mildred Jack and Hilda Stevenson.

A.A., SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Mrs. Guy Bryant; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Nelson Lothrop; Recording Secretary, Miss Evelyn Warren; Corresponding Secretary, Miss Nora Arguin; Treasurer, Miss Alice Lyster; Correspondent to "The Canadian Nurse," Miss Kathleen Hatch; Committee, Miss Sutton, Miss Ella Marrisette, Mrs. Davey.

MOOSE JAW GRADUATE NURSES ASSOCIATION

Hon. President, Miss Kier; Hon. Vice-President, Miss Smith; President, Miss Stocker; First Vice-President, Miss Ella Lamond; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss M. Armstrong, 1005 2nd Ave. N.E.; Press Convener, Mrs. W. H. Metcalfe. Representatives: Nursing Education, Sister M. Raphael; Public Health, Miss M. Armstrong; Private Duty, Miss Cowgill; "The Canadian Nurse," Miss L. French.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss D. Wilson; President, Miss M. Lythe; First Vice-President, Miss Helen Wills; Second Vice-President, Miss L. Smith; Secretary, Miss B. Calder; Assistant Secretary, Miss A. Forrest; Treasurer, Miss D. Dobson-Smith, 2300 Halifax St.; Committees: Press, Miss M. Baker; Programme, Miss K. Morton; Refreshment, Misses D. Kerr and H. Wills; Sick Nurses, Miss G. Thompson

A.A., ST. PAUL'S HOSPITAL, SASKATOON

Hon. President, Rev. Sister Fennell; President, Miss Alma Howe; Vice-President, Miss Cora Harlton; Secretary, Miss M. Hennequin; Treasurer, Mrs. J. Broughton, 437 Ave., H. So. Saskatoon; Executive, Misses E. Unsworth, E. Hoffinger, and H. Mathewman. Meetings, second Monday each month at 8.30 p.m., St. Paul's Nurses Home.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Martha Batson, Montreal General Hospital; Vice-President, Miss George, Women's General Hospital; Secretary-Treasurer, Miss Eileen C. Flannagan, Royal Victoria Hospital; Chairman, Flora Madeline Shaw Memorial Fund, Miss E. Francis Upton, 1396 St. Catherine St. W., Montreal; Programme Committee, Miss Elsie Allder, Royal Victoria Hospital, Miss McQuade, Women's General Hospital; Miss Parry, Children's Memorial Hospital; Representative to Local Council of Women, Miss Liggett, 407 Ontario St. W., and Miss Orr, Shriners Hospital; Representatives to "The Canadian Nurse," Public Health, Miss Mary Mathewson, 464 Strathcona Ave., Westmount; Teaching, Miss Norena MacKenzie' Montreal General Hospital; Administration, Miss Blanche Herman, Royal Victoria Montreal Maternity Hospital.

A.A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss Barbara Blackstock; Vice-President, Miss E. E. Fraser; Recording Secretary, Miss I. Weirs; Secretary-Treasurer, Miss C. C. Fraser, 423 Gladstone Ave., Toronto, Ont.; Conveners: Social, Miss E. Manning; Programme, Miss McNamara; Membership, Miss Lougheed.

A.A., HOSPITAL INSTRUCTORS AND ADMINISTRATORS, UNIVERSITY OF TORONTO

Hon. President, Miss G. Hiscocks; Hon. Vice-Presidents, Miss K. Russell, Miss A. M. Munn; President, Miss E. Stuart; First Vice-President, Miss G. Jones; Second Vice-President, Sister M. Helen; Secretary, Mrs. C. S. Cassan, 136 Heddington Ave.; Treasurer, Miss E. Langman, Hospital for Sick Children.

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

HELEN CARRUTHERS, Reg.N,

Montreal Graduate Nurses' Association Register

NURSES CALLED DAY OR NIGHT

Telephone Plateau 7841

LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.

Club House Phone Pl.-3900.

THE
Manitoba Nurses' Central Directory
Registrar—ANNIE C. STARR; Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

The Central Registry Graduate Nurses

Phone Garfield 0382

Registrar: ROBENA BURNETT, Reg.N.
33 Spadina Ave., Hamilton, Ont.

For Fretful Babies

STEEDMAN'S POWDERS
From Teething to Teens

Nurses all over the Empire know and recommend this safe and gentle aperient for fretful babies—for teething—for constipation, childhood's greatest enemy. Steedman's keep the little system functioning regularly and the blood clean and cool. Our booklet, "Hints to Mothers," is very practical and useful. For copies, write John Steedman & Co., 504 St. Lawrence Blvd., Montreal.

School for Graduate Nurses
McGILL UNIVERSITY
Session 1932-1933

Miss BERTHA HARMER, R.N., M.A.
Director

COURSES OFFERED:

Teaching in Schools of Nursing
Supervision in Schools of Nursing
Administration in Schools of Nursing
Public Health Nursing
Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:

SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

ACETOPHEN
AND PHENACETIN
COMPOUND
C. T. NO. 217 "Frosst"

for— Headaches, Rheumatic Pains, Neuralgia, Colds and Grippe

C. T. No. 217
ACETOPHEN & PHENACETIN COMPOUND
Acetophen..... 3½ gr.
Phenacetin.. .. 2½ gr.
Caffeine Citrate . ½ gr.
Dose: One or two tablets.

ANTIPYRETIC
ANALGESIC
ANTI-RHEUMATIC

Charles E. Frosst & Co. Montreal

ERGOAPIOL (Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

Amenorrhea, Dysmenorrhea, Etc.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, *thus* → MHS

Dose: One or two capsules three or four times a day.

Literature on Request.

MARTIN H. SMITH COMPANY, NEW YORK, N.Y. U.S.A.

Smartly Tailored UNIFORMS

BOWMAN'S uniforms are styled for modern chic. Durable and retain their individuality after repeated launderings. Far superior to standardized uniforms.

ILLUSTRATED—
Our famous model No. 20] full flare, form fitting.

mail this Coupon

BOWMAN'S
APRON SHOP

BOWMAN'S APRON SHOP,
810 Granville St., Vancouver, B.C.
Telephone, Douglass 3883
Please send free literature and prices.

Name .....
Address .....

C.N. No. 1

Woman's Hospital in the State of New York

POST-GRADUATE COURSES

EDUCATIONAL REQUIREMENTS—High School Graduation.
Preference given to those with greater educational advantages.

EIGHT MONTHS GENERAL

Practical Work—Gynecological Wards, Operating Rooms, Sterilizing Rooms, and Recovery Room; Obstetrical Ward, Nursery, Formula Room, Delivery and Labor Rooms; Out-Patient Department and Social Service.

One month elective work, as far as possible in the department chosen by the student, and ward management only to those showing initiative and special capabilities

Theory—120 hours

FOUR MONTHS' OBSTETRICAL

Practical Work—Obstetrical Ward, Nursery, Formula Room; Delivery and Labor Rooms; Out-Patient Department and Social Service.

Theory—95 hours

FOUR MONTHS OPERATING ROOM TEACHING AND MANAGEMENT

Practical Work—Operating Rooms, Sterilizing Rooms, and Recovery Room; Management of Operating Rooms; Suture Nurse experience during last month to especially qualified students.

Theory—69 hours

In addition to advanced subject matter given in all Courses, special emphasis is placed upon methods to be used in teaching of such material.

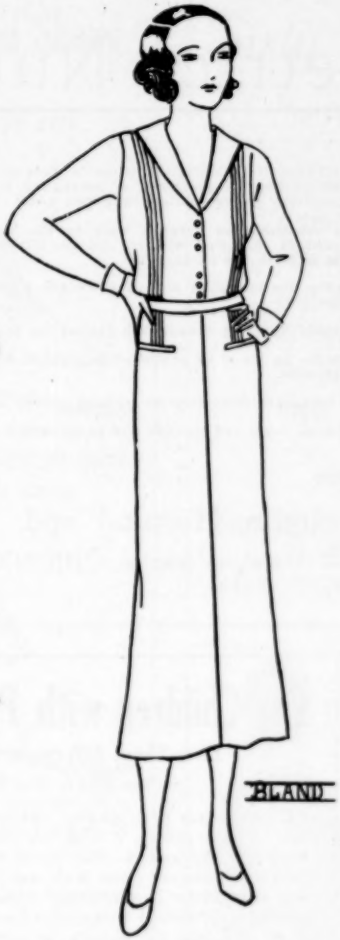
Theoretical Instruction by Educational Director. Lectures by Attending Staff.

ALLOWANCE—Full maintenance for entire Course; $15.00 per month beginning second month.

AFFILIATIONS offered to New York State accredited Training Schools for Four Months' Course in Obstetrics.

For further particulars, address—DIRECTRESS OF NURSES,
141 WEST 109th ST., NEW YORK CITY, N.Y.

"AND NEW UNIFORMS FOR THE NEW YEAR, *OF COURSE*"



BUY THEM FROM BLAND— *AND ALWAYS BE WELL DRESSED*

No. 427

This is stunningly new

In Irish Poplin, Twills or our new indestructible Cotton
All goods are cold water shrunken. All Sizes. 3 for $15.00

MADE ONLY BY

BLAND & CO. LIMITED

NURSES' OUTFITTERS

1253 McGill College Avenue - - MONTREAL

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

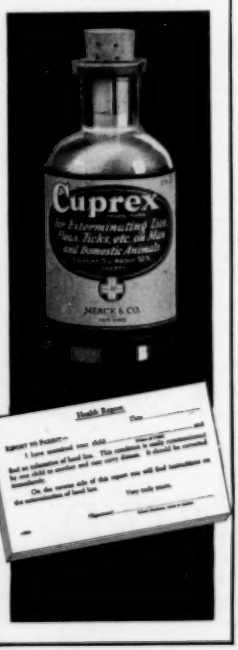
Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS

Chicago Lying-in Hospital and Dispensary

5841 Maryland Avenue, CHICAGO



For Children with PEDICULOSIS

This New, Effective Treatment

(See FREE offer below)

CUPREX is a new, quickly effective preparation, easy to use. Unlike others, it kills lice and nits both with one thorough application. Has no ill effects on hair or skin. Full directions are given with each bottle.

For cases where it is necessary to notify parents, we have prepared a standard Report Form, supplied in pads. The front side tells the parents the trouble in as nice a way as possible. The reverse side outlines proper treatment with Cuprex.

FREE—We will gladly send to any Nurse or Physician a pad of report form and one 2-oz. trial bottle of Cuprex to use on a case. Simply use coupon.

Cuprex KILLS LICE

Merck & Company, Limited,
Ex. Dept. A-1, Montreal, Que.

Gentlemen: Without cost or obligation to me please send me a sample of Cuprex to try on a case of Pediculosis.

Name .....

Street .....

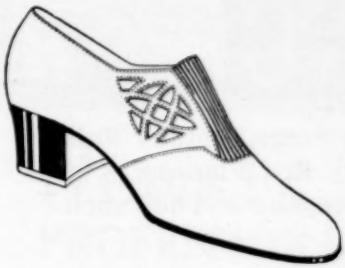
City ..... Prov. .....

Please mention "The Canadian Nurse" when replying to Advertisers.

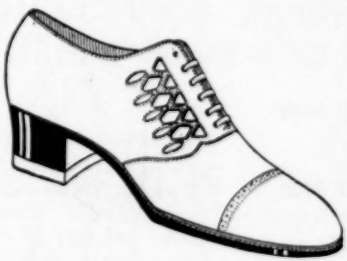
stitute of Public Health
ulty of Public Health of the
ersity of Western Ontario
DON - CANADA

Natural Tread Shoes

for Duty or Dress Wear



No Nurse can afford to have uncomfortable shoes



Your experience teaches you that many ills may be traced to ill-fitting shoes.

Our Mr. Taplin has made a study of the foot, and during a period of years has evolved the

Natural Tread Shoe
FOR MEN AND WOMEN

Write for self-measurement chart and price-list

NATURAL TREAD SHOES DISTRIBUTING CO. LTD.
18 Bloor St. W. - TORONTO

Sixty Years of Service

to an ever-increasing number of satisfied Policyholders, during which time every obligation has been fully and promptly met.

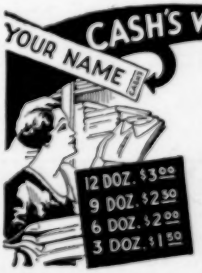
Sun Life Assurance Company
OF CANADA
HEAD OFFICE MONTREAL

Made in Canada

General Health NIPPLES

A Victoria Nurse says: "they are wonderful."
—They will not collapse
—Will not pull off, and can be put on with one hand while holding a baby.

Large Size 25c, Small 10c
National Drug & Chemical Co. Ltd.
B.C. Drugs Ltd. and Alberta National Drug Co. Ltd.



Prevent laundry losses, ownership disputes at home or away. Mark all linen and clothing with GENUINE CASH'S NAMES, woven to your individual order. Permanent, neat, economical, better "CASH'S" woven between names guarantees the quality—accept no substitutes. Order from your dealer or us.

Trial Offer: Send 10c for one dozen of your own first name woven in fast thread on fine cambric tape.

J. & J. CASH, INC.
52 Grier St., Belleville, Ont.